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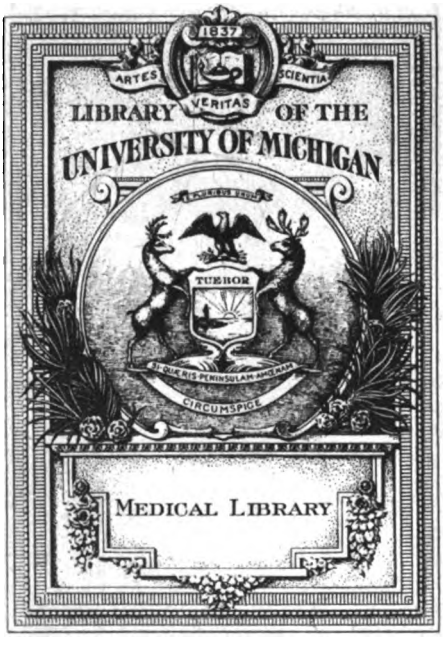

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THE MEDICAL SUMMARY

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, Etc.

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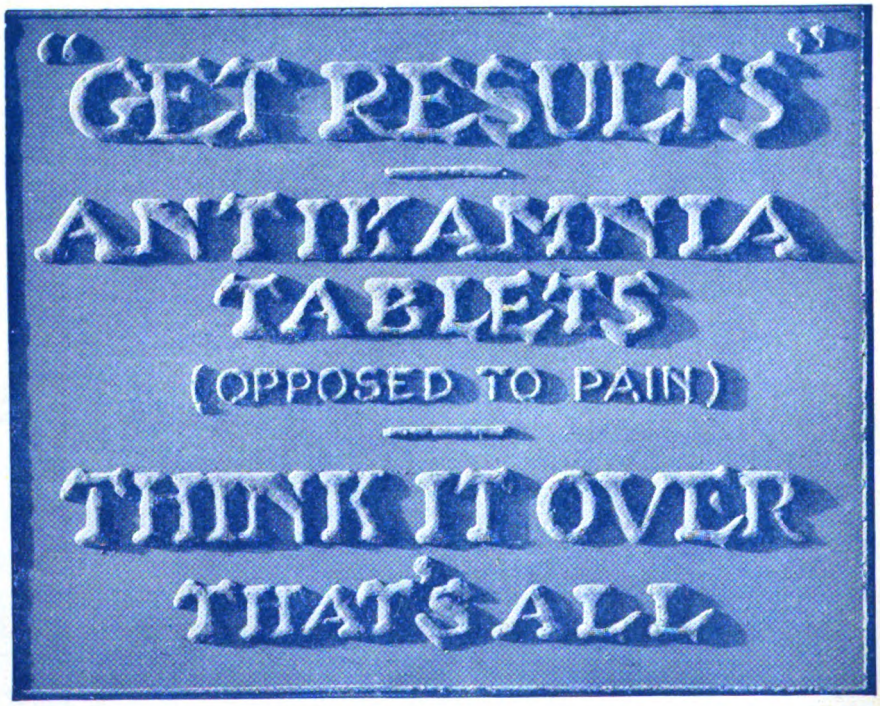

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R. H. ANDREWS, M. D., Editor, 2321 Park Avenue, Philadelphia, Pa.

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AS TO SENDING TUBERCULAR PATIENTS WEST FOR TREATMENT

We are asked frequently as to what locality a doctor should send his tubercular patient, when ordering him westward in search of health. It is taken as a matter of course, by the medical men who write us, that the patient *must be sent West.* This, in all cases, we by no means admit. In most cases, indeed, it is not only futile, but it is cruel and senseless. The physicians throughout the West almost universally condemn the practice of indiscriminately sending tubercular cases West in the vague hope of cure. In selected incipient cases, where the patient has the means to provide himself the comforts or luxuries of life at prices considerably above the average, and where they are sent direct to the care of some practitioner of known-probity and ability; where the change of climate can conveniently be made permanent in case benefit is derived, and where the patient is intelligent enough to search for a locality suited to his individual requirements until he finds the spot adapted to himself, then it may be wise to advise the patient to go West.

Physicians, as a rule, who have never themselves been West, have no adequate conception of the environment to which they are assigning the patient. Moreover, they seldom take the trouble to study up on climate; humidity, prevalence of dust, elevation, and mean temperature are all to be considered. Such factors, in a general way, may be considered from information gleanable in such books as volumes 3 and 4 of Cohen's System of Physiological Therapeutics; these books treat on "Climate" and on "Health Resorts." Such investigations, however, merely make the physician more intelligent; they do not fit him to judge as to the advisability of assigning a given patient to a given locality. In tuberculosis it is details that count. A stranger, in the West, is very apt to be confronted with conditions over which he has no control, which will react detrimentally on him.

If physicians understood the West, and conditions in the West, and knew the benefits

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to be derived from home open air treatment, combined with the well-known and recognized forms of therapy, there would be fewer patients assigned westward. Before any physician decides to order a patient to go West, he should familiarize himself in so far as possible with all the points we have touched upon above; then he should select the locality which seems to him might probably suit the case under consideration; next he should correspond with the Weather Bureau at Washington, D. C., and ascertain the humidity, mean and maximum temperatures, amount of dust, wind velocity, elevation, etc. (The Weather Bureau will not give this information direct, but they gladly direct any physician to the proper local bureau, and the local bureau will answer all reasonable questions by return mail.) Then, and not till then, is it time to correspond with some local physician of repute in the selected locality, and get his advice on the advisability of sending the case in question to that particular place. Such a plan is the only reasonable one to follow. The haphazard method of telling a patient to "go to Colorado or Arizona" is vicious, puerile, and unprofessional.

THE DOCTOR'S READING

It is a favorite assertion of a leading teacher of therapeutics that the student going up to examination in therapeutics knows more of that science at that moment than he will ever know again, however long his life or however great his opportunities. This statement is immensely humorous to the student who fears that he probably will fail to get an average mark high enough to pass him on to the desired diploma; twenty or more years after, it has lost the humorous feature and becomes a lamentable and self-confessed fact. What is true of therapeutics is true of every branch of medicine. Starting in practice, one has few books, and if one has applied himself moderately well during his course, there is little in them which he has not read; moreover, he does not need to read "to keep up with the times," for he got all the late knowledge before leaving his lectures. Thus, before he knows it, he has fallen into the habit of reading seldom and erratically. Soon his practice presses him so that even if he wanted to read he would find it difficult to get the time. Before he knows it he is an "old fogy," knowing and practicing only the things he learned when a student. When this mortifying condition is first impressed upon him, he makes a spasmodic effort to right himself with the professional world by purchasing a lot of the latest books and by making a firm resolve to post himself up by their aid in the latest advances in science. When the books come, he looks through them; studies the illustrations; decides that they will be a great help to him when he has read them; notices a little "wrinkle" which he will put in practice "when he has his next case of that kind;" then the books go on the shelf, and he complacently forgets them and again starts in the old rut. Perhaps the "next case of that kind" comes to hand in a few weeks, and he vaguely wonders just what it was that he had read, and just where he saw it, but because he cannot remember, he prescribes the same treatment he has used for many years. That is the way "old fogies" are made, and that is why most men who have been out of lectures over ten years are little better than professional fossils.

Brother, has this experience been yours? If so, start right, and start right now, to retrieve your lost years. Do not go at it in a spasmodic manner, you will not accomplish the result in a few days or a few weeks. Make your repentance a thorough and systematic one. Order a new book (*not a set of books*), say, for instance, on obstetrics. Start at the first page and read as far as you can until interrupted; when you again have opportunity, begin reading where you left off. Keep this up till you have read the book entirely through; then, begin again, and again read it through; when you have done this, there will be little new in the obstetrical line that you do not know something about. When you are satisfied with your attainments on this line, order a new practice; but you cannot cover this field as you did the other, for it is too extensive, and you are too far behind. Hence, take your commonest disease in your locality, perhaps rheumatism, and read and re-read all of the articles on it till you can safely say to yourself, "there is little new about rheumatism that I have not heard of;" next, take up another common disease, and so on.

Not in a day, not in a month, not in a year; but *before you realize it*, you will find yourself endowed with a new enthusiasm and with a strange confidence of power. You will no longer be ashamed to meet any confreree in consultation; you will renew your youth; you will disprove the libellous assertion, and you will be a better and more successful doctor than you have ever been before.

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Original Communications.

BRIEF and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases are solicited from the profession for this department.

Articles intended for the Summary must be contributed to it exclusively. The editor is not responsible for the views of contributers. Write plainly and only on one side of the paper

TREATMENT OF INTERMITTENT FEVER

J. A. BURNETT, M. D.

Every physician, to a certain extent, has his own way of treating diseases. The following is what I consider to be the best treatment for intermittent fever in the malarial districts of the Southern States: The first thing to do in the treatment of intermittent fever, if an emetic is not indicated or it is desired not use an emetic, is to arouse the liver. In some localities it takes very large doses for some patients, especially for those who have been abused by the use of calomel. To arouse the liver, give:

℞ Powd. gamboge,
Powd. iris,
Powd. leptandra,
Powd. aloes .....āā 3j

M. Sig.—Fill No. 1 capsule and give one every three hours until the stools are a bright yellow color. When there is great quantities of mucus in the stools alternate an infusion of myrica (bayberry) with the capsules. Here is another prescription which will arouse the liver:

℞ Powd. euonymus,
Powd. leptandra,
Powd. zingiber .....āā 3j

M. Sig.—Dose, five grains, every four hours until the discharges from the bowels are the color of bright new wheat straw or of a frothy appearance, then give less frequent. Chionanthus is a very important hepatic stimulant. I use Lloyd's specific chionanthus in 15-drop doses, three or four times a day. Chionanthus works well with euonymus (wahoo) or with berberis aquifolium (Oregon grape). Apocynum androsæmifolium is also a very valuable liver remedy, but should not be used in irritated conditions of the stomach. No oo capsules, filled (which is about twelve grains) of the powdered drug, can be given every three hours. The second decimal trituration of podophyllin, given in 5 to 10-grain doses every three hours until it acts on the liver, and then less frequent, is a valuable liver stimulant. It will produce results which cannot be obtained from the ordinary podophyllin, without producing any unpleasant symptoms. The homœopathic physicians use chelidonium mostly in diseases of the liver, and consider it nearer specific than any other remedy. The mother tincture is given in from one to five-drop doses twice a day. When the liver is made active, then antiperiodics should be given, and for this purpose the following will be found to be reliable:

℞ Specific gentiana,
Specific hydrastis .....āā 3iv
Specific cascara 3ij
Salicin ..... gr. xx
Comp. tinct. myrrh..... 3j
Simple syrup ..... ℥viij

M. Sig.—To keep a chill off, give one dram every hour for six to eight hours, beginning so the last dose will come one or two hours before the chill is due. At other times, give one dram every three hours. This will prevent a chill, and if any one who doubts it, try it in some stubborn cases and be convinced that it is superior to quinine.

After using powdered alstonia constricta in numerous cases of intermittent fever during the past summer, I have found it to be a reliable antiperiodic. To keep a chill off with powdered alstonia, give one grain every hour for six or eight hours, beginning so the last dose will come one or two hours before the chill is due. At other times, give two or three grains every three or four hours.

According to my experience in the treatment of all forms of malarial fevers here in two miles of the Arkansas River, which is considered a malarial country, I consider cinchona is of more value in the treatment of any form of malaria than any of its alkaloids. I use it in very small doses and get good results. To keep a chiil off with cinchona, give three or four grains every hour for six or eight hours, beginning so the last dose will come one or two hours before the chill is due. At other times, give five grains every three hours. I prefer to give it by infusion as it acts quicker, although the powdered bark can be used with good results. If a small amount of calamus is used with

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the cinchona, it will increase its antiperiodic action. A small amount of cinnamon can also be added with advantage to make it more agreeable with the stomach and to the taste. Cinchona is well tolerated by patients who cannot hardly tolerate quinine, and there is no danger of it producing hematuria as quinine occasionally does. Cinnamon also guards all tendency in this direction when combined with cinchona. The fever can be controlled with lobelia, asclepias and crawley. Put a teaspoonful of each in a cup of warm water and give from a teaspoonful to a tablespoonful every 15 to 30 minutes until the patient begins to sweat, and then often enough to keep them in a moist sweat. If there is much pain use cypripedium or sodium salicylate (from oil of wintergreen) with the fever mixture. Night sweats and excessive sweating can be controlled with either of the following: Cimicifuga, aromatic sulphuric acid or belladonna. In chronic forms of intermittent fever, when the spleen is enlarged, the following will prove to be of value:

℞ Potassium iodide 3vj
Fluid extract phytolacca 3ij
Tinct. sanguinaria 3j
Simple syrup .....q. s. 3vj

M. Sig.—Dose one dram three times a day. day.

Grindelia squarrosa is also a valuable remedy in chronic intermittent fever with enlargement of the spleen. The fluid extract should be given in 20-drop doses every four hours, the dose being increased 5 drops every third day until it reaches 45 drops, unless the physiological effect is obtained before. The physiological effect is a sensation of being choked, but still the patient can swallow all right.

The homœopaths consider ceanthus americana the most reliable remedy for enlargement of the spleen as well as all other diseases of the spleen. The mother tincture is given in 5-drop doses. Many eclectics use polymnia for enlargement of the spleen. It is used both externally and internally. A piece of ointment of biniodide of mercury about the size of a bean rubbed in over the region of the spleen every night and morning and exposed to the sun or a fire for an hour is beneficial in enlargement of the spleen. Potassium bromide is the best remedy to relieve headache, and cactus the best to sustain the heart.

Cecil, Arkansas.

THE TECHNIC OF RECTAL EXPLORATION

By Charles J. Drueck, M. D.,

Professor of Abdominal and Pelvic Surgery at National Medical University; Professor of Rectal Diseases at Jenner Medical College; Rectal Surgeon to Peoples Hospital; Attending Surgeon to Lakeside and Emergency Hospitals, Member of the American Medical Association and Chicago Medical Society.

The examination comprises inspection, digital and instrumental examination. Inspection may reveal the conditions which produce various neurasthenic or anemic conditions. The shape of the anus is sometimes important, whether normal, protruded or drawn in (funnel-shaped), and the amount of pigmentation about the parts. Evidences of abrasions, scratches, pediculor worms may be seen on the skin about the anus, also signs of inflammation or scars. A prolapsed rectum may be the cause of prolonged vomiting or pertusis. An ulcer, fissure or pruritis may excite rectal tenesmus and also produce a scybalous stool. Protruding tumors, condylomata, such as hemorrhoids, polypi or malignant growths may also be seen and their characteristics noted. Very often a distinct fulness or bulging of the anus is seen where internal hemorrhoids are present, even if they do not protrude. Where epithelioma exists at or outside of the anus, a small piece may be clipped off for microscopic examination without any discomfort to the patient by using a little local anesthetic. After carefully inspecting the anus and perineum, the field may be widened by gently pulling the anus open, a hand being placed on each buttock, the finger tips pointing toward the anus. If the patient bears down at the same time, a considerable portion of the mucous membrane will be everted, the extent depending on the relaxation of the sphincters. In this way the lower inch or more of the bowel may be inspected without the use of a speculum, and a fissure, fistulous opening, gonorrhea in women, syphilitic erosions, eczematous excoriations or pinworms may be brought into view. In many instances the internal opening of a fistula is situated immediately within the external sphincter, and, in such a case, it may be seen by this procedure. During this manœuvre any tender or indurated areas may be mapped out. Fistulous tracts are easily followed up without the use of the probe. In women who have relaxed sphincters, a portion of the interior of the rectum may be everted by introducing the index finger into the vagina and pressing the rectal walls out through the anus. The presence of a discharge issuing from the anus indicates disease within the rectum; while the sunken

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ischiorectal fossæ and retracted anus surrounded by a profuse growth of soft hair would immediately suggest malignant disease or tuberculosis within the rectum with general systemic involvement.

Digital examination of the interior of the rectum follows inspection, and it is the most important of all methods. The practitioner who is familiar with the digital examination of these parts can diagnose better with his finger than by any other way. Fully 80 per cent. of all rectal cases may be diagnosed with the finger and the other 20 per cent. by the history of the case and a specular examination. Digital examination not only confirms the opinion regarding the local conditions found by inspection, but also determines other conditions to which the attention may have been directed. The finger should first be swept around outside of the anus to palpate any induration or tenderness, either superficial or deep, which might indicate abscess or fistula. For internal examination the finger-nail should be well-trimmed and the finger anointed with olive oil, which is not so easily rubbed off as is soap or vaseline by the sphincter. Whatever lubricant is used must be kept in collapsible tubes, as this is the only method of having clean, sterile lubricant at all times. The cost is little and the advantages great over the old-fashioned jar of vaseline into which fingers and instruments were repeatedly dipped, carrying infection from one patient to another. For aesthetic reasons the rubber tissue cot may be worn if desired, because it will not affect the sensibility of touch and may be washed and anointed. The finger is then gently insinuated through the anus with a rotary or boring motion, the patient being asked to bear down at the same time, and the rectum systematically palpated as high as the finger will reach. The introduction will be rendered much easier if the normal direction of the rectum is remembered and the finger is first directed up and forward toward the neck of the bladder, until the sphincter is passed, and then backward toward the sacrum. The sphincter is very sensitive, and any undue haste or roughness may induce spasm of that muscle, which will make the examination very painful and unsatisfactory. The iliac fossæ should be firmly explored to determine whether there is any tenderness or tumor. The finger should be introduced its full length, and, by passing the other fingers of the hand back into the intergluteal space instead of doubling them into the palm, an increased reach is obtained; also if the patient bears down or strains during the examination, one or two inches more of the rectum can be examined.

The condition of the sphincter should be noted; whether it is relaxed, suggesting a debilitated system, cancer, or large internal hemorrhoids, which latter weaken the muscle by frequently protruding; or contracted, signifying acute disease in the anal canal, anal fissure, or a nervous subject; or whether hypertrophied, denoting chronic disease; or finally is it atrophied. The spasmodic action should be overcome by slow, steady pressure, as the sphincter is always forcibly contracted on attempting examination. Frequently the internal opening of a fistula is found just within the sphincter, as a rough, indurated and sensitive spot, which may be elevated or depressed (ulcerated); or the path of the sinus is felt by its cord-like resistance. If the tumor is felt, its size, shape, location, movability and resistance are to be ascertained, and, if possible, a small piece removed later through the speculum for microscpoic examination. Fecal impaction of the rectum or colon has often been mistaken for cancer. Polypi, stricture, abscesses, gallstones and other foreign bodies are occasionally felt. The tumor of appendicitis is found in the right pelvis if the appendix is low, and rectal palpation should be practiced in every case of suspected appendicitis. Malignant disease of the rectum or pelvis, the tumor of intussusception or an infected lymph gland may also be felt. Induration or constriction of the walls and the condition of the other pelvic organs is to be determined. Palpation of the prostate may reveal enlargement, induration, tenderness or soft points. The uterus and appendages should always be examined. Vesical irritation is a frequent source of reflex disturbance, and the bladder always should be examined. A stone may be found to be the origin of the trouble, although no symptoms were manifested. A digital examination through the rectum often assists considerably in diagnosing diseases of the urethra, Cowper's glands, seminal vesicles, bladder, vagina and pelvic bones; also tumors and abscesses of the peritoneal cavity, dislocation of the femur, ischial hernia and aneurysms of the gluteal artery. Very little information is gained by digital examination regarding hemorrhoids, except in rare cases, where much hypertrophy has occurred in the mucous membrane. Otherwise, the hemorrhoid being covered with nearly normal mucous

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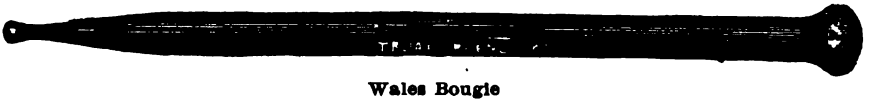
membrane, gives no differential tactile sensation. Thus, you see, a digital examination through the rectum is imperative in any case indicating disease below the pelvic brim. On withdrawing the finger it may be covered or streaked with blood, pus or mucus, each with its own significance. If a stricture is so small as not to admit the passage of the finger, no force should be used, as rupture of the bowel has followed such an attempt. The cervix, the fundus of the uterus, or the prostate may be mistaken for a tumor. In rare instances it may be necessary to introduce the whole hand into the rectum, but as the walls are so crowded upon the fingers, and the folds of mucous membrane fall in between the fingers, very little knowledge is obtained, and there is always the danger of rupturing the bowel. A laparotomy and intra-abdominal palpation is preferable when the disease is high in the rectum or in the sigmoid. A digital examination carefully performed is not painful unless a fissure is present.

Instrumental Examination (Bougies).—That part of the rectum beyond the reach of the finger may be examined by means of bougies or sounds, although their use is open to criticism and is often contraindicated. Only soft, flexebile rubber instruments should be used (Wales bougies), and these must be handled with great caution. They should be hollow, to permit the injection of fluid through them into the part beyond, thus dilating the rectum in advance and effacing any folds that might obstruct their introduction.



Wales Bougie

Too great value must not be placed on bougies, as their field of usefulness is limited, and even in a healthy bowel the sensations of obstruction often are obtained and may be misleading. I have yet to see a student who did not find a stricture the first time he introduced a bougie, because the sound often impinges on the wall of the bowel between the folds of the gut, and a stricture is erroneously diagnosed; or it may strike the uterus of prostate, or the promonotory of the sacrum. There is always danger of a metal or hard rubber sound penetrating the bowel, especially in cancer or ulcerations. Sometimes the so-called third sphincter, which is only a semi-lunar, transverse fold of the anterior and right sides of the rectum about six to eight centimetres above the anus, may catch the bougie. Normally the bougie may be introduced with care to the middle of the sigmoid flexure. If the mesocolon of the sigmoid is very long, the bougie may be felt on the right side and lead the examiner to think it had perforated the bowel *Probes.*—The probe has no place in the diagnostics of rectal diseases and very little in the treatment, except in fistula. Even here its value is very limited. Irrigations and injections are sometimes used for diagnostic purposes, and are best accomplished in the knee-chest or dorsal position. *Specula.*—The speculum corroborates the digital findings and aids in the diagnosis where the finger fails, but by no means supersedes the latter. It is indicated where obscure hemorrhage, pain or discharge is an important symptom. The internal openings of fistula may be seen, especially if the discharge escapes during instrumentation. Internal hemorrhoids usually drop into the instrument and are easily seen. The decision as to which is the best speculum depends upon which one you are more familiar with. Each instrument is constructed differently, but the more rectal examinations you make the less you will use the speculum. The smooth blade bivalve causes much less pain than the wire blades, but it obstructs the field of vision and exposes only a small area at one time, and the speculum must therefore be rotated.

The cylindrical speculum permits of the most thorough work. With the patient in the knee-chest position and a speculum five inches long and one inch in diameter the whole length of the rectum may be examined. Such a speculum is provided with an obturator to facilitate its introduction, which should be accomplished without much pain. When the obturator is withdrawn, the air rushes in and dilates the bowel, and the whole rectal wall may be inspected by moving the introduced and about, at the same time gradually withdrawing the speculum. The mucous membrane directly in front of the speculum is flattened out and viewed easily by gently pushing the speculum up after the obturator has been removed. By putting the patient under the influence of a general anesthetic many of the obstacles to the examination are

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removed and the field may be explored thoroughly; the sphincter completely relaxes, pain is obviated, and in such cases it is well to

Bivalve Speculum

be prepared to do any necessary surgical treatment in order to avoid a second anesthetic. When the patient is anesthetized an ordinary flat retractor frequently makes a very satisfactory speculum. A cylindrical speculum ten to thirteen inches long may be introduced, and the sigmoid explored, but as the great majority of rectal troubles are near the anus, a short and wide speculum is preferable.

Cylindrical Speculum

When a patient is in the knee-chest position, the chest should be well down on the table and all constrictions at the waist must be removed.

In many instances, owing to local disease or reflex nervous excitement, we find the sphincter abnormally contracted, making an examination very painful and often impossible without some previous preparation.

An old-fashioned way of overcoming these difficulties was to anesthetize the patient, and with the thumbs introduced through the anus and then drawn forcibly out to the ischial tuberosities, to tear and strain the sphincters until paralyzed. Such a procedure is unnecessary in nearly all cases, for purposes of examination, and a method that is much more pleasing to the patient and very satisfactory to the doctor will be the basis of our next paper.

559 East Forty-sixth Street, Chicago, Ill.

[The above is the second paper of the series by Dr. Drueck appearing in THE SUMMARY. In our next issue his subject will be "Dilatation of the Anal Sphincter," and it will introduce the beginning of therapeutics and prepare for the discussin of the diseases and operative treatment upon those parts. If not a subscriber to THE SUMMARY, you should not fail to send in your subscription at once, in order to secure this entire series of thoroughly practical papers, which will prove of inestimable value to every practitioner. We have only a limited number of copies over each month, and after a few months may not be able to supply the back numbers containing these articles, so that it will be best to let us have your subscription now.—ED.]

EDUCATION VERSUS LEGISLATION.

BY B. M. JACKSON, M. D.,

Truth, in its struggle for recognition, passes through four distinct stages:

First, we say it is damnable, dangerous, disorderly, and will surely disrupt society.

Second, we declare it is heretical, infidelic and contrary to the Bible (or custom).

Third, we say it is really a matter of no importance either one way or the other.

Fourth, we aver that we always upheld and believed it.

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Elbert Hubbard in "The Philistine."

Mr. Andrew Carnegie has a hobby for building libraries, but all the books of all the libraries in the world cannot instill *knowledge* into a single individual. A strange statement, you say. But, seriously, have you ever thought about it? Books can *educate*, and *educate* only. What do we understand by education? Abstractly, education means *instruction*. Instruction of what? Of those things which the instructor *knows*. Does an instructor possess *positive* knowledge? He may, and may not. One may not possess any knowledge and yet be a good instructor. The word education is understood in a *relative* sense. For example: When we say that John Smith has been educated (instructed) in the medical sceience, we mean that as between him and one who has not been thus educated, he (John Smith) is educated in medicine. But does the statement as regards John Smith convey to us a definite idea? Not at all; for the reason that as between John Smith and Jim Jones, the latter may know a good deal more about medicine than the former; hence, their respective education in medicine *varies in degree*. This variance in degree we denominate by the term *relative*.

What the human race is sadly in need of is not more (higher) education, but more *knowledge*. Knowledge, however, does not depend upon education so much as upon *intellectual effort*. Strange? If it does not depend on the latter to a greater extent than on the former, why does the average human being know so little? We have all kinds of institutions where individuals are being "educated," and yet the average individual knows nothing, comparatively speaking. Dost thou, my brother, delude thyself with the belief that the so-called "higher" institutions benefit the human race much? If so, I verily pity thee. You must remember that in these institutions there are paid instructors whose business it is to *"educate"* (instruct) the pupils, but not to *develop* their intellectual faculties. In the first place, if the *instructed* possess any knowledge they themselves must exhibit it, as it were, and, whether it is much or little, intellectual *effort* on their part will gradually disclose. Does this sound Greek to you? Please think a moment, and conclude for yourself whether I do or do not know what I am talking about. Did John Doe tell you that I am a "crank"? Are you sure that he *knew* what he was talking about? Suppose that he did know, are you content with *his* knowledge? May he not have "educated" you *to believe* that such is the case? Surely, you are not a devourer of "Grape-Nuts," and hence content with *predigested* food (thought). If so it be, why do you wonder that intellectual progress is so slow, by reason of which the average individual *knows* so little? The trouble is, my brother, that there are very few mortals who make an intellectual effort *to know* for themselves or *to discover* things, and these few we call Thinkers or Geniuses. The great mass of humanity contents itself with the so-called knowledge of *others*. Is it all clear to you now? Let us grant that it is, and hence we shall venture to ask, How soon does the human race *acknowledge* that a particular truth has reached the fourth stage? according to Mr. Hubbard's classification. *As soon as the majority have been soundly thrashed to acknowledge nolens volens that it has reached that stage.* History records the fact that sixteen centuries of thrashing was necessary ere a particular acknowledgment became manifest and a happy event finally occurred.

I take it that physicians know history well, and if some do not, however "eminent" they may be, I pity them. One may ask, "What has history to do with the practice of medicine, or surgery?" A whole lot, my brother. History is the experiences of former generations reduced to writing; and from it we derive knowledge which is of utmost importance to ourselves, as well as those we leave behind to face the world's problems. If our schools should truly educate people how to develop their faculties in order to be able to reason, they would be a blessing to humanity; but this most important field of endeavor they leave severely alone. The motto of our educational instituions seems to be, "We educate people *to believe*, but not to doubt our wisdom."

Sh-sh-sh-t! there is no one around, hence I shall prove to you that the above motto, though not heralded, is nevertheless understood. A few months ago a man, about thirty-five years of age, called on me and unbosomed himself as follows: "Doctor, I am compelled to leave the ——— medical college, and I appeal to you for a letter of recommendation to the Dean of ——— Medical College." I asked him what the trouble was, and he replied: "Our Professor of Therapeutics told us that it is sometimes necessary to give a *Placebo* in order to relieve an imaginary ailment of a patient. I ventured to ask him the following question, Professor, if a Placebo relieves an imaginary

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ailment of a patient, why does the medical profession try its utmost to suppress the ——, who, I am sure, relieve a good many imaginary ailments? For this the faculty notified me that they could not permit me to longer remain in their institution." What do you think about it, my brethren? "Was it true?" you ask. Unfortunately for the cause of human progress, *yes*. And pray, do not the Allopathic colleges "educate" would-be allopaths *to believe* that all other medical schools are humbugs, and their practitioners are charlatans? Think it over—well, now, *think*.

Let us now enter upon a discussion of the subjects concerned with the title hereof, viz.: "Education Versus Legislation." I stated that education varies in degree. Now this is true whether we consider the subject broadly or specifically. Medical education belongs to the latter category, for the reason that *not everyone* is being educated in the science of medicine; also that the medical education of physicians varies in degree. A *general* medical education, however, is no longer considered a sufficient qualification to properly care for the people's physical welfare; hence we have specialists of specific branches thereof. We have surgeons, gynecologists, oculists, pathologists, diagnosticians, etc. etc. Whether specialism serve a good or bad purpose, I shall not attempt to say. I do say, however, that one who is more or less a master of a particular subject, and because of his great interest in that subject, *becomes a machine and subordinates not alone his own humane feelings, but of every one else with whom he is associated, to that which he is making his life-work*—and there can be no doubt about it.

This being an axiom of human frailty, why is it that general practitioners of medicine, who have filled an important field for ages, and still do (if they only knew it), have virtually abandoned their own "fields and crops," as it were, and have become *followers* and worshippers of their more cunning bretheren? Why, I ask, do general practitioners worship "specialists" as if they were gods? A god is an *infinite* being, or thing, or something, I cannot define, but a specialist is only a *finite* being. And yet, when we closely study the present state of medical affairs we cannot help noticing that the rank and file have abandoned, not only their own "fields and crops," but also the former in favor of the latter. Whether it be in medical societies or in the public press, a "specialist" has the floor to the exclusion of all others. He is looked upon as an oracle whose wisdom is infallible. Not only is he supposed to be an oracle in so far as his particular subject is concerned, but any other of which he has not the slightest knowledge. His *conceit* knows no bounds. He is not unlike the priest of a particular creed, who *believes* and *"educates"* others *to believe*, that without his dispensation a communicant has no chance of going to heaven. The "oculist" believes that 85 per cent. of human ills are due to "eye-strain"; the gynecologist *believes* that nearly every woman ought to have her ovaries removed; the genito-urinary specialist *believes* that every one ought to be circumcised, at least; the surgeon *believes* that every one ought to have the appendix removed, and, in fact, everything else about the body which does not exhibit *to him* some special function, etc., etc., etc. Neither of them is willing to acknowledge that he may be mistaken. Oh, no! they consider themselves *"divinely inspired,"* and without their help a patient's chances of life are *nil*. The surgeons are so conceited that they have even lobbied in the Pennsylvania Legislature for a law that everyone who may exhibit symptoms of idiocy should submit to castration. I have been wondering who will castrate the surgeons after they have castrated every real or imaginary idiot.

It is a sad spectacle, gentlemen! Those of you who do not know the history of man-made religions and laws would do well to take down the encyclopedic volumes which treat of these subjects. We all know that the history of medicine is identical with that of religions. In these two fields of human endeavor progress has not been as *real* and as fast as it might have been, because of an over-abundance of conceit and hypocrisy on the part of priests and physicians. Conceit and hypocrisy are the chief stumbling blocks which humanity encounters on its onward march of progress. Hence, while medicine and true religion have made some progress during the last century, we must bear in mind, and we must be honest with ourselves and admit, that no one "knows it all," as yet, I intended to say that a good deal of this boasted progress is imaginary and not real; because we still encounter an over-abundance of conceit and hypocrisy. But this is a digression.

Any one who is critical enough can notice that the several specialists are making great efforts to "educate" people *to believe* that their respective brand of practice is a *panacea* for all real or imaginary physical ills. So

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much so that they have cunningly devised laws, and amend them at every legislative session, which shall gradually eliminate the general practitioner as a competitor. They know that it would not do to advocate laws which shall at one stroke eliminate them, nor to openly confess that such are their *ultimate intentions;* hence it is done "diplomatically." Diplomacy, my friend, is defined as the *art of lying,* and anyone who wishes to accomplish an object without arousing suspicion resorts to that art. The general practitioners are being "educated" *to believe* that the laws are intended "for their benefit," and they content themselves with that "education," so-called. The thought does not occur to them that legislation which imposes unnecessary hardships and excessive taxes on them is not "for their benefit," but *solely for the benefit of those who impose the hardships and levy the taxes.* They believe that it is the *other* fellow who is being imposed upon, and strange that every *other* fellow believes the same thing. They are so blind to the real situation of affairs that some even join the so-called specialists and medical politicians during their pilgrimages to legislative halls for more legislation. Its the *other* fellow who must be restrained, heavily taxed, and gradually eliminated, *and not us.* Oh, no, not us!

I smile in my sleeves when I hear these general practitioners talk about *not us,* and more sepecially when I read how fast they are being organized "for their benefit." Yes, I smile in my sleeves! but at the same time a feeling of pity takes possession of a mysterious something within me for the deluded mortals. The Martyrdom of Man is marvelous! Man's credulity is the miracle of miracles! Man, there is a dual nature within you, and yet you do not even try to develop the good part mush less to improve upon the bad part. You are content with what you are, and you do not develop the *true* human feelings that may be within you, the development of which would or might exhibit you as "the fairest flower of the universe." No, you do not do so. You have not been educated to reason about so-called truths and errors for the sake of knowledge. You have always been a victim of cunning individuals, who, in order that they may live in affluence upon the sweat of *your* brow, they have been "educating" you *to believe;* and when you complain about your unfortunate lot, they tell you to trust to an imaginary heaven for relief. What scheme could they have devised instead!

Of course, there are some who question the honesty of the schemers, and as for their lot, alas! Open your book of history, however enormous its size, and count the pages with which the blood of martyrs are not bespattered. There are few, indeed! If you, man, concerned yourself with your own regulation and reformation, you would not impose hardships on *the other fellow,* but instead, you would try to make it as pleasant as possible for him, lest you yourself may enjoy happiness. It is as plain as day, "that he who craves for justice and is in search of happiness must do justice and strive to make others happy." It is a legal maxim that "He who comes into a Court of Equity must do so with clean hands," and this is likewise a *moral* maxim.

The medical profession, especially the general practitioner, *will not,* aye, cannot, survive in the struggle for existence, while its members gnaw at each other's vitals—rather, while each one is trying his utmost to impose as great hardships as possible on *the other fellow.* I understand that even *buttons* are being offered as prizes to those who hustle for victims. What has become of man's "grand estate"? Whithersoever have his senses flown? Is it still true that "ignorance is bliss"? What about the much heralded human progress? It is not *real,* gentlemen. So long as man makes a fool of himself, we cannot, dare not, say that we have made progress. Progress means *to be enlightened,* but we are far from exhibiting genuine symptoms of general progress (enlightenment). Now and then we hear of a thinker or a genius, but the mass of humanity is still lingering in an intellectual cradle, as it were. Take the general practitioner, for instance, he is daily complaining about his "fall from grace," instead of trying to discover the causes therefor. *There is a cause for every effect.* Search for the cause and stop grumbling.

What is that cause? *Legislation.* You have legislated against the *other fellow,* and this was an admission on your part that you yourself live in "air-castles," hence your own castles have suffered most. It is always thus. There is a moral in the proverb, "He who lives in 'air-castles' should throw no bricks." You have legislated against the members of your own family, and, of course, you suffer the consequences. The laws for which you clamored so much, and still clamor, operate against *all members* belonging to the class against which they are intended to operate. Hence, so long as you

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tolerate the laws to exist, it is folly for you to complain. So long as the medical profession is divided into *classes,* there is bound to come a time when, because of exhaustion, due to the struggle for existence, general practitioners will be as dead as any dead nation whose people have been seduced by sirens.

There is a moral of all human tales;
Its but the same rehearsal of the past,
First Freedom, and then Glory—when that fails,
Wealth, vice, corruption—Barbarism (tyranny) at last.
And History, with all her volumes vast,
Hath but one page.

—*Byron.*

Frenzer Block.

POTERIUM SANGUISORBA

By J. R. Phelps, M. D.

The Summary is at hand, and I have read it with interest. I wonder if my chirography is faulty. I mentioned the name of *Poterium Sanguisorba,* and your compositor put it *Roterium.* And he makes me speak of my "professional *stepmothers.*" Did I use that word?

Well, having so vilely distorted the name of this valuable stomachic, I think we had better atone by noticing it at some length.

Poterium Sanguisorba—Lesser Burnet—is an English plant. The "Greater Burnet"—Sanguisorba Officinalis—has the same medicinal properties, but I believe, with Dr. Younger, that the Lesser Burnet is most effective. Wood's Botany, 1846, says "it is claimed by Hooker to be a native about Lake Huron," but I don't believe it, for two reasons. First, Gray says it is indigenous to Great Britain, and has been but sparingly cultivated in this country as a garden plant. Second, and by far the most convincing reason, to my mind, such an effective remedy for certain forms of gastric disorder would not have been unknown to the "root-grubbers" and Eclectics of the West. Merrell and Lloyd would have had it on the market in form of "Normal Tincture" or "Specific," and those indefatigable twins in Ravenswood, Chicago, would have "broken up the order of nature" to get the alkaloid. However, learning something fifteen years ago of this herb—if you don't like the word call it "drug"—I wrote Dr. Younger regarding it. He sent me a package, stalks and all—such a crude bundle I never saw—and I wondered if the English herbalists had not learned the art of pressing herbs. The Custom authorities, in their search in the bundle for silk dresses, Melton overcoats and other goods which are occasionally smuggled in, had managed to waste more than half of it, but I got enough of the plant, including the dirt, to make six ounces of tincture, and I used it in a few cases of heartburn, one of which was my own, with such complete success that I looked for more. Dr. Younger suggested that Parke, Davis & Co. would have it, if not it would be useless to look for it in this country, but they had none. And my search brought me a funny experience. A friend to whom I mentioned it was certain that a wholesale house, the head of which was a neighbor of his, could get it for me, and sure enough, two days after, he brought in a pound bag full of, I think it must have been raspberry leaves, for which I paid him twenty-five cents. If I had remembered the shoemaker down in Lynn, I would have steamed and rolled the leaves and sold it back to the herbalist for $1.50, as Imperial Gunpowder tea, but I didn't think. The shoemaker I mention bought a bushel of shoe pegs, warranted to be hardwood pegs, but he soon found that they were only *soft* wood. So he sat down and whittled the other ends and sold them back to the dealer for oats. *"Substitution,"* you see—pardon the digression.

Burnet has a strong flavor of cucumber skin. I don't know its chemistry. I have found such almost perfect results from calcium sulphocarbolate that I haven't missed it *very* much, but still there have been times when I have wished I had some of that tincture in my satchell. For disorders of digestion characterized by hyperacidity it is a most valuable remedy.

I have mentioned calcium sulphocarbolate. A few days ago a brother physician took me to do for my faith in this drug. I told him I had no *faith* at all—it was simply a fact of actual *knowledge.* He said that he had never got any results from it. I asked him where he got it, and he said, "Of my druggist." I carry the Abbott Alkaloidal tablet gr. 1 for convenience, and an ounce vial of Mallinckrodt's powder for more extensive use, and never—*almost never*—fail to get the result I am after. There is a difference between things that bear the same name. I heard a woman the other day complaining of her tea biscuits. I suggested that the fault might be with the cream of tartar,

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but she could not believe it. She said she "bought the pure cream of tartar of her grocer, and he was honest." Oh, certainly! they all are, except when they are dishonest. I asked her what she paid for it, and she told me "thirty-five cents a pound." Shades of Merck and Mallinckrodt, defend us! I advised the best flour that she could buy for $4 per barrel in Boston and the quality of her ingredients would be nearer par and bring better luck.

Dr. Marrs in his article mentions ecthol as containing the *"active principle"* of echinacea. Have the chemists succeeded in getting it? The last I ever heard of this really wonderful remedy was that as yet no satisfactory alkaloid had been isolated. I use only Merrell's or Lloyd's tinctures as a general thing, although Lloyd's Echafolta Cream is *highly* satisfactory, and the Eusoma Company is making a splended ointment with an echinacea base. But when Dr. Marrs speaks of echinacea as "an old remedy," it sounds strange in this longitude. One can easily find scores of doctors in this part of the country who never heard the name.

Isn't it rather strong language to characterize the use of ice in congestion of the lungs as "malpractice"? I know of some of our best physicians who use cold compresses in pneumonia and ice-cold water is often invaluable in hemorrhage of the lungs. But did any one ever think that melilotus has a wonderful control over this condition? I have seen results from its use that led me to carry a bottle of Merrell's normal melilotus in my satchel as an *emergency* remedy. That I got this information from a homeopath does not make my faith in it any the weaker.

Dorchester, Mass.

MEDICAL TREATMENT OF GOITER

By H. H. Fletcher, M. D.

Enlargement of the thyroid gland, described under the term of goiter, represents several different conditions, according to the tissues involved and the nature of the pathological process.

If the process assumes a malignant form the growth will present entirely a different clinical picture from that of a benignant growth of the gland.

The general aspect of the tumor will also be modified by the extent of glandular involvement, and the special structures affected. There may be a hyperplasia and hypertrophy of all or a portion of the original tissue elements, or of the glandular elements alone, as seen in the follicular variety, or the interstial tissues may be mainly involved, constituting the fibrous variety. Goiter may also develop cystic formations, especially when its type is of the colloid or adenomatous variety.

The great majority of goiters that fall into the hands of the general practitioners are of the parenchymatous class, and it is in this class of goiters that medical treatment is most successful, especially when properly supported by judicious hygienic, dietetic and climatic conditions. In order to formulate a treatment for goiter along the safest lines it is important to bear in mind certain facts incidentally connected with its history.

In from 80 to 90 per cent. of the cases it occurs in the adult female. This is one of the constantly occurring facts of its history.

Another well observed fact is that in nearly every case of female goiter there is some aberration of the sexual functions. There are uterine and ovarian disorders, or neurotic tendencies with general instability of the circulatory apparatus. Furthermore, the thyroid gland has been observed to undergo enlargement at the time of puberty and during menstrual and child-bearing periods. This gland is also a highly vascular organ, the thyroid arteries being larger than those going to the brain. This enormous blood supply is naturally increased by the circulatory disturbance connected with puberty in the female, and altered sexual functions. Frequently recurring hyperemias of the gland are liable to culminate in enlargement of the organ.

There are many other agencies which may exert an influence in the development of a goiter, such as drinking water, topographical conditions, such as marshy soils, damp valleys, etc., together with hereditary tendencies; but the supposed causes are never constant in their operations and, therefore, cannot be regarded as factors of paramount importance. Of all the factors usually attributed to goiter, not one is constantly identified with it, thus any treatment based on the elimination of such factors alone will fail, and these failures, together with the disappointments of the ordinary iodine treatment, have so discouraged physicians that they sometimes resort to surgical methods without duly considering the dangers of such a course.

Extirpation of the gland is not only dangerous in its immediate results, but even if this peril is escaped, cretinism or mental and

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physical degeneracy are the remote effects of the operation.

Partial extirpation, setons, injections of iodine, and tying the arteries which supply blood to the gland, are all more or less dangerous and uncertain in their effect on the enlarged gland. So long as the disease is a mere deformity, and does not interfere with any important functions of the body, surgical operations for the removal or diminution of the tumor are not justifiable, and if untoward results should follow an operation when it is not imperative, damages for malpractice might be recovered from the operator.

The great value of iodine in the treatment of this disease is universally conceded, and it is especially effectual in the hypertrophic and follicular forms which are most commonly met with in general practice. When iodine fails it is often from its faulty adistration or lack of adjuvant treatment. To secure the best therapeutic effects of iodine in these cases general nutrition must be supported. For this purpose it should be combined with cord. ol. morrhuæ comp. (Hagee) in tablespoonful doses. Any unfavorable action of the iodine can be counteracted by the addition of an equal quantity of the bromide of potassium to each dose. Fifteen grains of the iodine combined with fifteen grains of the bromide in a tablespoonful of the cordial of cod liver oil compound three times a day after meals, will rarely cause iodism, or produce any irritant effect on the system, and yet this dose is quite sufficient in connection with the local application of the compound iodine ointment to cause a rapid diminution of the thyroid enlargement.

Winchester, Ill.

ACUTE CERVICAL ENDOMETRITIS

By J. L. Fennel, M. D.

Acute cervical endometritis is nothing more than an acute inflammation of the lining membrane of the cervical canal. The inflammatory process is the same as that of the nose or throat or, in fact, any mucous membrane. The cervix or mouth of the womb is generally considered the offending portion of the genital tract, and it is probably safe to say that it causes more trouble than all the other parts combined. The ovaries are considered by some to cause equaly as much trouble as the cervix.

A woman who has her external os lacerated, with the lips separated or gaping and the mucous membrane everted and inflamed, does not present a very interesting picture. But how many of us, day in and day out, must see just such sights. They, like Tennyson's brook, will race on forever.

It is not my intention to add anything new to these cervical disorders, but merely to report a case that came under my observation about six weeks ago:

I was summoned one night to go at once and attend Mrs. S——, about six miles in the country, who was said to be suffering with cramp colic. I was not long in reaching there, and found my patient quite sick. She was vomiting profusely and had been for some time. Temperature 103, pulse 130. Kidneys very active, bowels constipated. Menses normal. She complained of pains in her bowels and back and of chilly sensations all over her body. There was considerable tenderness over the abdomen, but especially in the region of the womb. The patient had only been married a short time and was eighteen years old. She was inclined to be hysterical and would cry out with pains in her bowels and back.

At first the case was somewhat puzzling. I resorted to various remedies to quiet her and control the vomiting. Large doses of morphine had very little effect on her.

A hot turpentine stupe over the bowels afforded some relief, and a hot mustard footbath was also advised.

She spent a very restless night and on the following morning was not much improved. Her fever had cooled down some and the vomiting had almost ceased, but the chilly sensations kept on. Palpation over the womb caused her much pain, and fearing some trouble on the inside, I asked for an examination with the speculum. This was flatly refused me at first, but when I told them I would throw up the case if it was not granted they finally agreed to it. Let me say in passing that this is often a very good way to bring your patients to terms. I have often made them give in by picking up my cases to go.

But, back to our case. I inserted a Grave's speculum and brought the cervix down. I noticed, on closer examination, a dark foreign body packed high up in the cervical canal. Taking a pair of long thumb forceps I extracted a round hard ball of curly hair covered with pus. Pus flowed from the canal as the mass of hair was taken out. This seemed to give immediate relief. With a dull curett the canal was thoroughly scraped out

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and cleansed with normal salt solution. All surplus fluid was wiped out and a cotton tampon saturated with a 25 per cent. solution of ichthyol in glycerin was applied well up against the cervix. The vagina was packed with iodoform gauze. This process was repeated for several days, and on the tenth day my patient was able to walk around the room. Now the question is how did the mass of hair get so far up in the cervix? Was it during coitus? What was the cause of the excessive vomiting? Was it reflex?

From her husband I got a history of frequent sexual intercourse.

Waterloo, S. C.

A PREVENTIVE FOR SCARLET FEVER WHICH PROVED TO BE INVARIABLY SUCCESSFUL IN EVERY INSTANCE IN WHICH IT WAS TRIED

By J. N. Lowrey, M. D.

About six years ago I was called to a case of scarlet fever which had developed among a family of several children.

It was a typical case, possessing all the cardinal scarlatinal symptoms. The mother was very much grieved at the prospects of the balance of the children taking the disease, and asked me in a pathetic way if I could not possibly give them something to prevent them taking it or at least modify the disease. I had for many years been in the habit of using protiodide of mercury as a remedy for the diphtheritic deposit in the throat, sometimes in connection with the bichromate of potash, and certainly, of all remedial agents of the drug variety ever employed in that particular condition, nothing is quite so effective. Its action is prompt and certain. So it occurred to me, if these preparations are so excellent as curative agents, they being in a measure antiseptics, they might exercise some preventive influence or at least modify the disease. For many years the action of atropine and belladonna as preventive agents for scarlet fever has been known, but I believe it is conceded that if they did anything they rendered perhaps the disease only milder in form. I have always believed that the scarlet fever contagion is introduced into the system through the respiratory organs; the germs through this medium reaching the general system. The chief local manifestations are in the throat. The deposit therein is so closely allied and characteristic of diphtheria that it naturally leads one to infer that the fauces are the chief seat of the malady and where the infection primarily occurs.

So it came to pass that I gave the other exposed children who were living in the same apartments with the scarlet fever patient the following:

℞ Tr. belladonna 3ss
Elixir simp. 3iv

M. Sig.—A teaspoonful every three hours for three days, then three times a day. Protiodide of mercury, about 1-60 to 1-80 of a grain, in trituration, every three hours at first, then four hours to three times a day. I have since given it in tablet form, but I always counsel the parents to see that the children "chew" the tablets, because we want its local action upon the fauces, and for this reason I prefer the trituration, because you can increase the dose or diminish it as your judgment suggests.

Well, none of the other children contracted the disease. The mother was quite generous in her praise of my preventive medicines, but I must confess I considered the results merely a lucky coincident. It was only a short time after this occurrence I was called to a young lady, who had contracted a malignant type of scarlet fever at Salt Lake City and arrived home very sick, supposedly with "small-pox." The same anxious questions were propounded, so to the sister and the hired "boy" I gave the balladonna and mercury protiodide every two hours for three days, then three, four and six hours. Neither took the disease. Well, I soliloquized, if this is hypnotic suggestion I am doing pretty well. I will try these two agents whenever an opportunity presents itself. Consequently in every instance they have proven effective. Not once have they failed me to prevent other members of the family taking scarlet fever. In some instances I also gave potassium bichromate as a preventive with the mercury, in about the same dosage, simply because the condition of the throat of the scarlet fever patient suggested this drug, so I gave it with the other preventives but not as a rule. This last year I had some striking examples of the efficacy of these preparations as immunizing agents for scarlet fever. In a family of nine children one had taken down with scarlet fever—typical. I gave the balance the preventives, and not one took the disease, though they remained in the same house and passed in and out of the room at will. Another family of three, the oldest daughter took down and was very

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sick for a few days, requiring very energetic treatment owing to the malignancy of the disease. To the other two children I gave the preventives and neither took the disease. The next remarkable demonstration occurred in the family of one of our grain buyers here. The oldest daughter had returned from a visit to relatives in Southern Iowa, where she contracted the disease.

I found her suffering from the pathognomonic symptoms of scarlet fever. Typical eruption, deposit in throat, etc., and she subsequently peeled off, to the satisfaction of all. To the other five children I gave the preventives punctually and persistently, and not one of them took the disease. They were in the same apartments occupied by the patient, but not in the room all the time, but passed in and out. The preventive medicines were continued during the illness of the patient and until after they were well and peeled off and the house fumigated, and not discontinued until then. The children you are immunizing must be watched for the physiological action of the drugs, and when noticed the dose must be given less frequent until these manifestations fade. So far as my personal experience is concerned, I have every reason to believe that in the protiodide of mercury and tr. belladonna, if pushed to full physiological action but no further, we have an absolutely certain and safe preventive for scarlet fever. I may be mistaken, but it must be proven to me. I have, in my own mind, demonstrated their value to my satisfaction. I trust others may achieve the same results.

Neola, Iowa.

THE TREATMENT OF CHRONIC DISEASES

By Eli G. Jones, M. D.

The study and treatment of chronic diseases by the profession is a subject that has been sadly neglected. Only a very few of our medical colleges have a chair of chronic diseases. Within the past fifty years only one or two works have been published devoted to the treatment of chronic diseases. In every locality there are patients that have been "the rounds" but found no one who could cure them. It is a subject that has been of much interest to me, and I believe if physicians would only take the time and study up the treatment of all diseases that have assumed a chronic form, they could do a vast amount of good and win fame and fortune. It is a great satisfaction to get hold of a case that has become chronic and considered incurable and cure it. The writer has for over twenty years kept a case book,; in it is carefully kept a record of cases of this kind he has treated—each page is large enough to keep a record of two patients—giving the name, residence, age, occupation, fee paid, history of the case and treatment. As a book of reference it is *invaluable*. Cases treated ten, fifteen, twenty years ago can be referred to there, and find all the facts given. It contains the history and treatment of all forms of chronic diseases from all parts of the Union, and would no doubt be interesting reading to most of your readers. In this specialty there must be a system about everything we do; it must be conducted on business principles—and on a cash basis. As the patients come in for treatment look them over carefully. If you understand how to "read faces" it will help you a great deal. This knowledge will tell you the character of the patient, and that he is predisposed to certain diseases. Don't begin by asking a lot of questions. Remember he has been to other doctors and tried so many he has lost faith in all doctors. You don't want to know what others have said or done. It is *your* business to find what ails the patient. From your own opinion, don't be *influenced* by any doctor's diagnosis. Study the face, the general appearance. Learn all you can in that way. Then take the pulse. You may be able to tell the patient some things that will surprise him. Now look at the tongue, it will tell you a whole lot; then the eyes speak to you in a language of their own. Feel of his arms to see if he is losing flesh and weight. Note the temperature of the hands—a very few direct questions may now be asked. Let each question strike the bull's eye. Never ask questions to gain time, you want to make a good impression on the patient to get confidence. Tell him how he feels and locate his disease, and tell him what you can do for him and how you expect to do it. In the treatment of chronic diseases always furnish your own medicine; never allow a patient to leave your office without he has just the *right remedy adapted to his case*. This rule is the very foundation of your success. In making your charges, take into consideration your skill, experience, consultation, and your medicine. All this represents your capital—your stock in trade. If the patients are in town have them call to see you every week. You may then make them pay by the week or

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every time they come. If at a distance of several miles from the office, have them come once a month—all business at the office should be a strictly cash business. Remember that your patients will *appreciate* what they have *paid* for—don't give your advice or opinion free to any one at the office. If it is worth anything to the patient it is worth money. Keep a careful record of each case so you can refer to it at any time. Have nice printed labels, envelopes and everything about your office neat and in its place. Let the patient be *impressed* with the idea that you are trying to do *business* and that you *understand* your business. A few cures of some different chronic diseases will not only win the gratitude of your patients, but make you solid in the community. The writer has in mind the preparation of a work on chronic diseases if he receives sufficient encouragement from the profession; that is, if they indicate to him that they would like such a book.

If any of the readers of THE MEDICAL SUMMARY have any special treatment for a chronic disease that has proved successful in their hands, he would like to hear from them, and they will be given credit in his book. In this way the book can be made of real practical value to the busy practitioner.

New Brunswick, N. J.

HEART DISEASE AND WHAT TO DO TO SAVE LIFE

By ZACHARY TAYLOR, M. D.

It is an everyday occurrence to read of sudden deaths due to heart disease. Without a moment's warning people in all stages of life drop dead who did not dream that they were in ill-health. Many are found dead in bed. Others fall while at work. A person may be in a happy frame of mind, laughing, joking and the center of a lively attraction, when in an instant the hand is suddenly placed over the heart, a shriek, a gasp, and falls over dead.

One of the main causes for so much of this lies in the fact that patients do not know they have any serious heart trouble, while others are led to believe that their fears are groundless and that the cause is due to indigestion or indiscretion in eat and drink, or from liver and kidney troubles—and many times this is the case, but if the heart is strong and in a healthy condition, these reflexes would be very slight. Therefore, it is of paramount importance to examine the heart in all cases when it is involved, whether diseased or not.

The following are some of the most noticeable symptoms: Fluttering, palpitation, shortness of breath, tenderness, pain in left side, numbness, tingling and pricking sensations, pain in left arm and under the shoulder blade, dizziness, a blind feeling on stooping and rising up suddenly, specks before the eyes, starts and jumps in sleep, nightmare, dreams, choking sensations in the throat, oppressed feeling in the chest, cold hands and feet, cold sweat, harsh breathing, pain when lying on left side, dropsy, swelling of feet and ankles, neuralgic and rheumatic pains, sharp pain, called stitch, in the side, blueness of lips, etc. Some of all these symptoms are always present and are the signals for alarm. Because so many think the disease cannot be cured, as was once the belief with consumption and Bright's disease of the kidneys, and because no specific line of treatment heretofore appears to have lessened the number of fatalities, and as it attacks all classes, ages and kinds, people doubtless will continue skeptical as to the curability of the same, until the proofs multiply sufficiently to encourage belief and faith in any claims that may be made to cure this dreaded monster.

The profession is sadly in need of a scientific and trustworthy heart remedy—one in which they can place confidence, and one that gives brilliant results in those cases heretofore declared incurable, and it is with pardonable pride that I offer to them what I conscientiously believe to be the best combination devised for this purpose. A trial will surprise the most skeptical. It is a specific heart regulator, and does its work so thorough that we are constrained to call it an all-round, general emergency heart medicine. The causes of heart disease are multitudinous, but some of the exciting causes are violent exercise, cigarette smoking, tobacco slaves, hard drinkers, quick-tempered people, excesses in eat and drink, exposures to extreme heat and cold, abuses of all kinds, excessive venery, sexual abuse, distress of mind, severe losses, shocks of all kinds to mind or body, sudden drying up of perspiration by exposure to wind or ice-cold drinks, etc., etc.

The medical profession has long known that the treatment of heart disease has not been studied as its vital interests demanded, hence anything that promises relief and protection from untimely and unwarned sudden death should be hailed with happy acclaim.

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This is exactly what I propose to give you. It is not a "cure all," but a remedy for various heart affections, which, if neglected, will end fatally, and properly treated, will cure many supposed incurable cases.

The medicines are not new, they have been tried singly time and again, but it is the combination that makes it valuable, as any other combination of elements make great things out of littles—for instance, "the acorn the oak, the iron the pick, the pick and oak our tunnels and ships."

℞ Strychnine arsenate, gr. 1-250.
Spartine sulphate, gr. 1-10.
Digitalin (Germanic), gr. 1-100.
Adrenalin or superenalin, gr. 1-250.
Caffeine valerianate, gr. 1-6.
Cactin, gr. 1-100.
Fld. ext. Hawthorn berries (cratægus Oxyacantha) .....gtts. ij

Mix for one dose. Dose one to two tablets three times a day if made into one tablet, or one each of each ingredient in granules. Alkaloidal granules may be combined, one each of said ingredients and exact or similar proportions instead of making into one pill or tablet. The physician to modify the formula to suit his case, to be careful with adrenalin in hematuria. Indicated in carditis, endocarditis, pericarditis, fatty degeneration, fatty heart, arterial sclerosis, dilitation, hypertrophy, palpitation, insufficiency, smokers' heart, and all functional and organic conditions.

Don't cry polypharmacy, but test it and prove its superior merits. Remember that the digestive organs in acid and alkaline media have the power to disassociate such compounds and appropriate the medicaments of each ingredient separately, thus delaying absorption and allowing one or more to work at a time in the different media. *Arsenate of Strychnine.—Properties*—Alterative, tonic antispetic, nerve and heart stimulant, etc. *Uses*—Angina pectoris, hay fever, malaria, acute fevers. Arsenic is a heart food which keeps up the heart's nutrition. *Digitalin* (Germanic) *Properties*—Non-cumulative, reliable heart tonic, diuretic. *Uses*—Valvular lesion, myocarditis, irregular and feeble heart, cardiac dropsy, functional palpitation, mitral disease, septic fever, a safe hemostatic, contracting arteries, stimulates the pneumogastric nerve and steadies the heart's action—the safest form of digitalis.

Suprarenal Capsules.—Properties—Alterative, nervine, vascular constringent, hemostatic, heart stimulant and tonic. *Uses*—Hay fever and all diseases of the heart, being an ideal heart stimulant—its action being rapid, efficient, safe—Addison's disease, diabetes insipidus, neurasthenia, rachitis, cyclic albuminuria, climacteric disturbances.

Floersheim's conclusions are: (1) A weak and irregular acting heart becomes stronger and more regular inside of five minutes. (2) A dilated heart was contracted. (3) A different apex beat became localized. (4) A diffuse, hard and rough mitral regurgitant murmur became localized, smoother and lessened intensity, and in some cases disappeared. (5) An indistinct murmur became more distinct, facilitating diagnosis. (6) Indistinct normal sounds became clearer. (7) In some cases a rapid pulse became slower; in others, a slow pulse became faster. (8) Patients who were very weak with organic heart disease were improved. (9) No effect was observed in organic heart disease when the pulse was strong and regular. In 200 cases of heart and lung diseases the maximum effect of suprarenal substance was obtained within five minutes ,and that no other drug can compare with it." *Cactus grandiflora, spartine* and *caffeine* are too well known to speak of them here.

"Crataegus Oxyacantha.— Uses — Recommended in angina pectoris, cardiac hypertrophy, valvular insufficiency and precordial oppression.

Indications—Cardiac neuralgia, palpitation, vertigo, irregular and intermittent pulse, with increased rate, despondency and anxiety, extreme dyspnea on slight exertion, usually accompanied with pain in the region of the heart; mitral regurgitant murmur; nervous indigestion with constipation from atonic condition of the lower bowel; great exhaustion from slight mental or physical exertion, albumen and excess of phosphates in the urine, swelling of hands and feet, with a feeling of prostration; affections of the heart following attack of inflammatory rheumatism, valvular deficiency with or without enlargement.

Cratægus is a remedy of great power, in both functional and organic wrongs of the heart. In angina pectoris and in valvular deficiency, with and without enlargement, most wonderful results have been obtained from its exhibition after the failure of some of the best known heart remedies. In cardiac dropsy its action is promptly curative, and in dropsical conditions not of cardiac origin it is said to be efficient."

"Cratægus Oxyacantha is tonic, stimulant, solvent and restorative."—Abstract from Dr.

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Fyfe's "Essentials of Modern Materia Medica and Therapeutics."

Adjuncts—In cases of rheumatic heart, asthma, hay fever, aneurism, scrofula, etc., give iodide of strontium in conjunction with the heart regulator. Kidney and bladder troubles—Strotium lactate, lithia benzoate, arbutin, potassium bitartrate, combined.

Liver torpidity, constipation and bilious conditions, give *lax olithia seltz*, composed of (or other suitable saline compound):

℞ Magnesium sulphate.
Sodium—Phosphate, sulphate, benzoate, thiosulphate, nitrite.
Potassium—Bitartrate, bicarbonate.
Lithia Benzoate, mix.

Pulmonary complications call for antitubercular remedies in conjunction with the heart regulator. Syncope and heart failure must be quickly met, nitroglycerin being our best, quick, stimulant, should be given at once. It quickly dilates the capillaries, especially cerebral, strengthens the heart and swiftly bridges the danger. It should either be given hypodermically or allowed to slowly dissolve on the tongue and swallowed. Strychnine is a heart tonic and stimulant, but strychnine and glonoin in some inexplicable way antagonize each other, hence not to be given together or not until after the nitroglycerin had done its work.

The stomach, in fact, all the digestive organs in all heart diseases should be looked into, and, if complications, treated accordingly.

Emergencies—In case of heart failure or collapse the following treatment will save your patient: Nitroglycerin given as above directed, and inject hot sea or salt water up the rectum and retain it there for one-half hour by placing the hand over the anus.

This solution is quickly absorbed by the colon and sigmoid flexure, and the pulse and color promptly improve and the patient quickly rallies. To one quart hot water, at a temperature 105 deg. to 115 deg. F. Add two teaspoonfuls salt and inject up the rectum. A great surgeon of wide renown once said: "If sick I would go to an expert specialist to know what the disease was, and then to a genuine family physician to be cured." The surgeon, like the carpenter, has his eyes and hands as guides, but the physician to be a successful internal prescriber, must draw upon inventive genius coupled by that of innate intelligence and practical experience to bring the patient through. "The work of the two masters is distinct, each has a place, but no one person can successfully fill both branches, for a man can be a great surgeon and a poor physician, and *vice versa*."

545 N. Carey Street, Baltimore, Md.

ACETANILID!

By Floyd Clendennen, M. D.,

Recently we saw, what perported to be an opinion of a physician who is often quoted as high authority on medical subjects, in which he condemned the use of acetanilid and said it should not be used *at all*, as it is a very dangerous poison, that its action was to block the secretions, etc. Opinions similar to the above occur quite often in our medical journals from the pen of practitioners of more or less note. Such writings occur so frequently as to cause us to wonder why the writers are so far away from the facts. Do writers rely upon the opinion of others who condemn the drug in question without personal practical knowledge of the action and properties of the drug? We have used acetanilid during the last fifteen years or more and in *no single instance* have we observed the bad effects so often attributed to the drug. We began the use of acetanilid, carefully studying the action of the remedy as we do all new remedial agents that come before us. We have found the drug in question to be a *decided eliminative, anti-febrifuge, antiperiodic, slightly anodine, antiseptic*, soothing to burned surfaces and healing. In fact a fine remedy where its action is indicated. We seldom give more than six grains of acetanilid at a dose, repeating it in two to three hours if necessary, and we do not have any disagreeable results. Acetanilid will, when given under like conditions, act the same in the hands of A. or B. Therefore we must conclude that many who condemn acetanilid do so through hearsay evidence. We have heard doctors condemn veratrum viride, saying it was a dangerous medicine, and that they never used it. We may say the same of aconite, rhus tox, cannabis indica, morphine, etc., as to danger; many of our best remedies are dangerous when not properly used. But what are physicians educated in? We answer that a physician should know the action of leading drugs and how to use them. Otherwise he is a doctor, not a physician?

La Galley, Ill.

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Medical Progress

Under this head we endeavor to present a condensed summary of practical medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

TONSILLITIS.

Dr. R. M. Niles, of Scranton, Pa., in an article under the above caption in a late issue of the *Medical Record,* says:

Hot alkaline gargles are comforting to the patient, and as they tend to free the parts from mucus and mucopus, their frequent use should be encouraged.

For years the writer has used the following gargle with the happiest results:

℞ Pot. bicarb.....3iv
Spt. menth. pip.,
Spt. camphoræ .....āā 3ss
Aq. ferv.....q.s., ad 3iv
Sig.—Use hot, gargle every hour or two.

Atomizers are useful in the application of hydrogen peroxide, in the treatment of young children and those unable to gargle. Gargling, when efficaciously done, is superior to spraying.

LEPRA TUBERCULOSA.

A great quantity of literature has been written and published about leprosy, and all treatment has thus far proved unsatisfactory and futile. Still, much can be done in toning up the system and with the external use of ichthyol in the form of an ointment. Like lupus, which it sometimes resembles, this disease is benefited by alkaline baths, tonics and an ointment made as follows appears to have been of value:

℞ Ichthyol .....10 per cent.
Eucalyptus .....10 per cent.
Vaseline .....80 per cent.

M.—It is authoritatively stated that this ointment will afford good results, if made properly and with pure drugs.

Dr. J. G. Hilleary, of Dubois, Pa., in the *Journal A. M. A.* for January 20, pleads for the routine employment of rest in the open air in the treatment of all active or partially arrested cases of pulmonary tuberculosis. Rest, he says, favors the production in the system of agglutinins, bacteriolytic and antitoxic substances, and this accounts for the lowering of temperature and the lessened activity of the bacilli at the site of the local lesion. In his opinion exercise has no place in the treatment of the disease, and is responsible for the failure to cure nine times out of ten, in otherwise curable cases. The effect of exercise, according to Bernheim, is an active congestion in the neighborhood of the tuberculous focus and often of new tiers of adhesions, mobilization of the bacteria, thoracic pain and sometimes hemorrhage or pneumothorax. It is the great bar to successful treatment in the working classes and should be permitted only under strict necessity.

LYCOPODIUM FOR ENURESIS.

E. H. Fenwick states for this distressing complaint, whether suddenly developed as the result of accident or operation, or in other cases where the incontinence of urine had been of several years' standing, he was acquainted with no drug which gave such entirely satisfactory results as the tincture of lycopodium. He had first given it to check the nocturnal enuresis of children; but finding it so surprisingly successful, he next employed it for adults, with the result that micturition was quickly reduced from six to eight times an hour to once in two hours. Dose—15 minims to 1 dram.

TREATMENT FOR SCARLET FEVER.

Dr. N. Wiest, of Denver, in the Denver *Medical Times,* presents his treatment of scarlet fever as follows:

Give plenty of water, all the patient wants, and much more if he is not inclined to drink much. See that the system is thoroughly flushed with good, pure water.

Keep the mouth, fauces and throat as clean as possible. These are a prolific source of infection, and if properly attended to will vastly lessen ear and other complications which are so troublesome and fatal. Spraying frequently with dioxogen or some other antiseptic solution is necessary. If fever runs

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high I use soda baths, effervescent compound alkaloidal granule, well diluted, or dosimetric trinity granule, Abbott's. In well selected cases I very frequently use phenacetin, as it produces free action of the skin, and I have never seen any unfavorable results brought about by its use.

To cut a long story short, after attending to the matters mentioned above, I always start in with my favorite prescription, not waiting for troublesome symptoms to arise, but starting out immediately to prevent them from arising. After using this prescription many years with nothing but the best of results, I take pride in presenting it and recommending its simplicity and usefulness:

℞ Tinct. digitalis (fresh).....ʒss
Liq. ammon. acetat. (fresh)....ʒiss
Spt. æther. nit. .....ʒij
Syr. tolu.....ʒss.
Aquæ cari. .....q.s., ad. ʒiij
M. Sig.—Teaspoonful every three hours.

Of course the dosage is varied according to age of the child. By giving this from the beginning you will find nearly every case running a very even, uncomplicated course.

SPRAINED ANKLE.

Dr. Robert Carothers, in the *Lancet-Clinic* for December 2, 1905, states that no one is exempt from a sprained ankle, although some are more prone than others.

Severity in a sprained ankle will range from a trivial accident to one of extreme severity and everlasting.

The outer side more often than the inner side of the ankle is the seat of trouble.

The diagnosis, which is ordinarily made with ease, is at times made with difficulty, and at times an X-ray examination is required to make the diagnosis certain.

The treatment by immobilization with a plaster of Paris cast is unsatisfactory and at times injurious.

The treatment instituted by Cotteral, the so-called adhesive plaster strappings, advising and urging the patient to walk on the injured foot, the early removal of these straps, followed by massage, gives the most satisfactory and best results.

The old cases are to be under anesthesia, converted into acute sprains, and treated in the same manner.

TREATMENT OF DYSMENORRHEA,—A CASE.

The patient, twenty years of age, unmarried, gave the following history: Her menstrual periods had never been normal, beginning with severe pain two or three days before the flow appeared. When the flow began it was profuse, losing a large quantity of blood, the flowing continued six to nine days. She was confined to her bed most of the time, slight exertion caused palpitation and dyspnea. An examination of the blood gave a hemoglobin percentage of 45, and the number of blood corpuscles at 3,500,000.

Various remedies had been tried without satisfactory results. I prescribed the following:

℞ Codein sulph. .....gr. iij
Fld. ext. hydrastis ..... ʒss
Fld. ext. piscidia,
Fld. ext. viburnum prunifol. ..... āā ʒiss ..
Syr. auranti .....q. s. ad. ʒiv

M. Sig.—One dram in water every two to four hours as long as needed for pain, beginning two or three days before the expected period. I gave the following tablet, beginning on fourth day of flow, and continuing until flow was checked, which was about forty-eight hours, the effect being gradual.

℞ Acidi gallici ..... gr. iij
Ergotinæ ..... gr. j
Hydrastin ..... gr. ss
Sig.—One every two to four hours.

The patient passed the period very comfortably.

From this time until the next period she lived much out of doors and had a liberal nonstimulating diet and the following:

℞ Strychnine sulph. ..... gr. j
Ferri et. ammonii citratis.. ʒij
Glycerin ..... ʒj
Elix. calisayæ, det. ..q. s. ad. ʒiv
Sig.—One-half to one dram in water after meals.

This patient gained rapidly and followed this treatment for three months. To-day she is apparently cured, having gained in flesh and strength and her last period was practically normal. I have followed this plan of treatment in several similar cases with gratifying results in all.—Dr. U. K. Johnson, in *Med. Progress.*

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MEDICAL CHIPS OF PRACTICAL VALUE.

Early Acute Bronchitis.—Hare favors the use of mucilage of acacia with flaxseed infusion, licorice and lemon juice for hacking cough in children or adults. In more chronic cases he has the supraclavicular spaces painted with tincture of iodine.

To Cure a Wart.—Pare off the horny part and saturate the remainder with 95 per cent. carbolic acid for a few minutes. Then, with an applicator made from a bit of absorbent cotton on a toothpick, touch up the wart with full strength nitric acid. A few treatments a week apart will be quite sufficient.

For acute or sub-acute follicular tonsillitis:

℞ Iodine crystals,
Potass. iodide,
Tannic acid ..... āā gr. xv
Aqua 3iij
Glycerin .....q. s. ad. ℥j
M. Sig.—Use as a swab twice a day.

Saline Enemata.—Dr. McCallum has studied the effect of saline purgatives and diuretics, and finds that the sodium salts are safest and most effective. The premature expulsion of saline enemata, owing to the peristaltic effect of the sodium chloride, can be prevented by the addition of a small amount of calcium chloride, which is in general inhibitory to the action of sodium salts.—*Journal A. M. A.*

SURGICAL TREATMENT FOR GOITER

Dr. R. W. Hardon advocates the surgical treatment of goiter and reports three cases in which partial thyroidectomy was performed for Graves' disease with good results. His conclusions are, in substance, as follows: 1. Every irregular tumor of the thyroid, no matter how small, should be removed, since in this way only can we save the lives of those having malignant growths. 2. Every regular tumor of the thyroid causing symptoms other than mere deformity, should be resected when after a few months' medical treatment the growth is not checked and no improvement is produced. 3. Avoidance of needless traumatism, care of the stump, free drainage, and salt solution to keep the blood and lymph vessels full and to prevent absorption from the wound are points especially mentioned in connection with the operation.—*Jour. A. M. A.*

Acute Gonorrhea.—After employing cleanliness as asepsis, and especially by means of a good antiseptic and astringent injection, for night prescribe as follows:

℞ Phynelis salicylatis ..... gr. iij
Olei santali ..... ♏v
Tct. belladonna ..... ♏ij
M. et ft. capsul. No. j. Mitte No. xxx.
Sig.—One capsule four times a day.—*Med. Bulletin.*

Alimentation in Scarlet Fever.—Milk is the best food (*Gould and Pyle's Cyclopedia*) three to four ounces every three hours—diminish the quantity and dilute with barley water or vichy if tympanites and undigested casein in the stools. If there is distaste for milk, substitute koumiss, matzoon or farinaceous gruels.

For Anemia in Children.—J. Lewis Smith prescribed, ℞ Ferri, et ammon. acetat., ammon. carb. āā gr. j; syrupi, aqua anisis āā dr. ss.: A teaspoonful after meals. Garrod gives ferrum reductum 1-2 to ½ grain; infants under a year can easily take two grains t. i. d. If there is constipation, add ½ to 2 grains of powdered licorice root. Sugar of milk is a good vehicle. For the anemia of young girls at puberty Robinson uses Vallet's pil, ferri. carb., one after meals.

INCOMPATIBILITIES IN PRESCRIPTIONS.

Never prescribe dilute hydrocyanic acid or cyanides, bromides, chlorides, etc., with mild chloride of mercury. Tr. digitalis, in an aqueous vehicle should not be kept for any length of time. Chloral hydrate in a mixture of alcohol and water forms an alcoholate which floats on top of the mixture. Old sp. æth. nitrosi. liberates iodine from iodides, due to acidity often. Chlorates in solution with iodides form iodates with some free iodine. Lime water becomes cloudy with carbonates. Antipyrin is incompatible with phenol, alum, syr. ferri iodi, borax with gelatine and acacia, and can be equalized by adding a small quantity of sugar. Chloral added to an alkali forms chloroform. Bismuth subnitrate forms a red compound with iodine, and liberates CO_2 in solution containing bicarbonates. Strong acids always form ethers with alcohols. Ichthyol is incompatible with acids, alkalies, etc.—*Med. Standard.*

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CHRONIC FOLLICULAR PHARYNGITIS.

For chronic follicular pharyngitis place half an ounce of pine tar in a pint bottle, and add to it ten ounces of ninety-five per cent. alcohol. Mix by shaking. Label the bottle "pine tar ℞" and keep for future use:

℞ Pine tar 3iij
Glycerin ext. wild cherry 3j
Water .....q. s. ad. ℥iv

M. Sig.—Dose, a teaspoonful every two to six hours. Hold the dose in the throat for some little time, to get its soothing, healing influence.

For a more drying effect, add belladonna. To stop a cough, add paregoric.—*Chicago Med. Times.*

CASES WE MEET ON THE STREET.

DR. DAYTON PARKER, M. D.

Realizing the importance of ordinary skill in the first aid to the injured, such as those apparently drowned, and those apparently poisoned, and those who are found in an unconscious state, either from alcohol, apoplexy, fainting, or other injury, I will briefly give the diagnosis, care and treatment of cases we meet on the street.

Death begins at the heart, as in fainting or syncope; in the lungs, as in asphyxia, and at the brain as in coma. The importance of artificial respiration and position in each case has been carefully explained, because of the fact that the common practice of the laity is to force one who has fainted to maintain an upright position, instead of lowering the head and raising the legs in order to facilitate the gravitation of the blood to the brain and give a new impulse to the heart's action. The heart's muscle becomes tired in its unceasing effort to pump the blood from the feet to the head while in an upright position. The only rest the heart ever gets from birth to death is when the body is in a horizontal position. The necessity of laying the patient down with the head low is warranted by the fact that a quick return to consciousness occurs in that position, with very few deaths, while those who are put up in a chair and forced to sit or stand up, very frequently die.

The physical signs of fainting are deathly pallor, with feeble or no pulse at the wrist, and dilated pupils. Poison cases are usually taken to one of the hospitals in the city, where they receive prompt attention at the hands of skilled physicians. In cases where death begins at the lungs, as in one who is supposed to be drowned or asphyxiated from any cause, prompt action is the great essential, and by clearing out foreign bodies from the air passages, and by careful and persistent artifcial respiration, the vital spark may be rekindled. In cases of asphyxia, there is no time to send patients to a hospital, and if the life is saved at all it must be done by the one who is rendering the first aid. Grave mistakes have been made in mistaking a profound sleep or coma of those who have been injured from blows on the head, or who have been suffering from uræmic poisoning, heart stroke or hemorrhage, for the deep and profound sleep of the drunkard.

The differential diagnosis has from time to time, been explained, such as the rapid breathing in heat stroke; the stertorious breathing in cerebral hemorrhage, with loss of motion on one side of the body and spasms of the muscles of the neck, and the marked difference in the pupils of the eyes; the usual bloated appearance in uræmia, and the smell of alcohol in the breath of the drunkard.

It is a well-known fact that a simple fracture has often been converted into a dangerous and complicated wound by injudicious handling at the time of injury. The first thing to be done for a patient found on the street suffering from a fracture of the leg is to tie the broken leg to the sound one. This can easily be done by the use of a coat sleeve or anything that would make a wrap about the feet and knees. If an arm is found to be broken, it should be tied gently upon the patient's breast, with the hand up, in order to prevent the sharp edges of the bones from lacerating the soft tissues. This is important and should be done before any attempt is made to move the patient, no matter what the circumstances may be. Instructions have also been given to the police officers to call the first physician in reach of each and every case.—Dr. D. Parker, in Detroit Emergency Hospital Reports.

BELLADONNA PLASTER IN HERPES ZOSTER.

Dr. M. J. Walker, of Yorkville, S. C., in the *S. C. Medical Journal* states that he has used belladonna and opium plasters in herpes zoster with uniform success in a large number of cases. His method is to cleanse the eruption with diluted alcohol and boracic acid, and then cover the eruption with a plaster, allowing the plaster to extend a half inch, or such a matter, over the affected surface on the unaffected surface.

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Notes and Queries.

FOR this department we cordially invite questions, comments and criticisms on all topics of interest to the physician in his daily work for the relief of the sick, thus making the Summary a valuable medium for intercommunication between the medical profession.

Correspondents will give their names and addresses, but initials only will be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

NOTES AND COMMENTS.

Editor Medical Summary:

Our venerable old, but always energetic and practical, Brother Ben. H. Brodnax has gone before.

Rather strange he should die of the disease which he knew so much about. How we miss his writings and sound practical common sense. He always found time to write something worth reading and willingly told of his successes and failures for the good of the fraternity. I wish we were all like him in these respects. So many of us just keep our talents for our own use, and are too selfish to share the good things we know.

My case of myocarditis with mitral tenosis and broken compensation has made final recovery and enjoys life to-day, and is practically cured as far as a cure can be called such. I used four bottles of special lymph (Hawley's). He tends to his small farm work and feels good.

About a month ago, Mr. A. came to my office and told me that his few days' old baby had very sore eyes, in fact, had not opened them at all in this world. From his description of the case I told him that it had ophthalmic neonatorum and supposed it was due to infection it got in passing through the birth canal. I gave him a solution of silver nitrate, two per cent., to drop into the eye along with a mixture of boric acid, acetanilid and glycerin to keep on the eyes as a poultice, spread on gauze. I questioned him as to his wife having leucorrhea, not knowing that the old reprobate was suffering from gonorrhea. They had had a mid-wife to attend the confinement. A few days ago he came into the office to see me about his penis, as he said there was something coming away from it. Examination and questioning made him confess that he had been to the city and got a dose. He had seen another doctor about ten days after, got some medicine, but as it was still running he wanted me to cure it. This showed where the baby got the sore eyes, for he owned up that he had had connection with his wife so infected the tract. The baby made good recovery. Strange things happen some times. I had to prescribe for that wife also shortly after I did for the baby.

Mrs. B., age about 35, recently consulted me about a peculiar shortness of breath. Seemed as if she could not breathe deep enough, a sort of dyspnea. She had no heart trouble, at least examination showed none, also no history of any. She had had some slight neuralgic pains in left side below heart, about a week before, which seemed to be sort of spasmodic. She was well nourished and generally enjoyed good health. I had given her a mixture of cratægus oxyacantha, passiflora and Lloyd's anti-spasmodic tinct. for the neuralgic pain. It yielded, but the short breath still remained. I gave her the following:

℞ Calcidin tablets, gr. 1-3....40 tablets
Strych. arsenate, gr. 1-6....32 granules
Hyoscyamine, gr. 1-250.....64 granules
Cicutine hydr., gr. 1-67.....48 granules
Triturate and add aqua.. 120.00

M. Sig.—One-half a teaspoonful every half hour until better; then every 2 or 3 hours. Relief and good recovery.

I should like to know if it is possible for the X-ray to show on a skiagraph the early beginning of a tubercular hip joint disease in a child some four or five years old. She has the other marked symptoms, but the X-ray does not show anything at all. I doubt very much if it would reveal it in its incipiency.

Are mica plates in static machines superior to glass plates? Will some one who knows tell us?

S. D. SOUR, M. D.

Echo, Minn.

TREATMENT OF A COUGH.

Editor Medical Summary:

A cough is often hard to treat, as they have so many causes it is often hard or impossible to find the cause, and a physician has to treat it by guess—off-hand—and such treatment is

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often not satisfactory to either the physician or the patient.

Small doses of lobelia is often good in simple cough, where a relaxing expectorant is needed. Sanguinaria is also often indicated and a good remedy. It is a harsh agent if given in very large doses. Emetin and codein is of great value in hacking cough, which keeps the patient awake at night. Give one granule of each every 15 or 30 minutes until easy, and then less often to keep it easy. The granules which I use contain gr. 1-67 of each drug. Syrup of ipecac with creosote is a good mixture for winter cough. Occasionally the uvula is elongated and tickles the throat and causes a cough. This can be removed, which will cure the cough, or astringents applied to it to cause contraction in order to reduce it to normal.

Recently I wrote Dr. L. M. Regan, of Tipton, Ind., and asked him how to treat a cough and received the following, which, I think, is very good treatment:

"Now as to the cough, don't forget to look *after the bowels,* then I generally use the following mixture:

℞	Powd. amphiachyris	1 part
	Powd. ipecac	½ part
	Powd. lobelia	¼ part
	Powd. eucalyptus	¼ part
	Powd. sanguinaria	⅛ part
	Powd. capsicum	⅛ part
	Muriate ammonium	1-5 part
	Ext. powd. licorice.....	1 part

Mix all of this together thoroughly, then triturate it with equal parts by bulk with sugar and use in infusion. You will find the above a good thing in croup. If you want to increase any of the ingredients, then to suit the case if croup, increase the lobelia and sanguinaria; you will find it dissolves very readily in water, and it is pleasant if you make it up right; it is fine in throat and bronchial troubles.

"Now the other preparation is put up in form of a syrup, and I like it very much. It is composed as follows: Each dram represents:

℞	White pine	gr. ijss
	Balm gilead buds	gr. ij
	Spikenard	gr. ij
	Cherry bark	gr. 1¾
	Ipecac	gr. ¼
	Sanguinaria nitrate	gr. 1-64
	Ammonium chloride	gr. ½
	Chloroform	♏ ½

Give as indicated.

"Now, of course, you may find cases that refuse to respond to this kind of treatment, but it is applicable to the majority. Of course, a great deal depends upon you to meet the indications as they come up, but in any such case, don't forget to keep all the excretions going and the secretions also. Then you will always have in your favor a good circulation and elimination. Hence a reparative process is bound to follow."

The first prescription of Dr. Regan deserves a trial.

JOHN ALBERT BURNETT, M. D.

Cecil Arkansas.

THE MOSQUITO AND YELLOW FEVER —REPLY

Editor Medical Summary:

In an article by Dr. V. M. Taylor, of Dawson, Ill., on the subject of "The Mosquito Infection," in the last December issue of THE SUMMARY, the author starts off with some very nice quotations, and blames the government for not being able to select physicians worth over $400.00. It does seem that they act very foolishly sometimes for they will even sacrifice their own lives to benefit science.

I will just take off my hat to him and say, go ahead, brother, I am willing to read about your work and listen to your talk, but I am not going to do it myself, and I will say, for the benefit of the doctor and any who may entertain such ideas, that Southern physicians are not quite so silly as he might suppose, for while they may not be the cream of the medical profession, yet they are considerably mixed with it, and I believe they almost to a man accept the mosquito theory. Not only they, but most intelligent Northern and physicians of other nations and governments accept it as genuine. As not only one case was used, but enough to convince any reasonable mind, that the disease positively can be transmitted by the mosquito, and to almost prove it, the *only* way and later observations seem to have substantiated the theory as a fact, that it is really the only way it can be transmitted. While I feel sure that neither of us know enough about it to boast of, yet I do believe that those who have to fight against the disease, if not the disease itself, ought to be as good authority as those who shoot from such long taw."

The doctor may have been in Cuba at the time. If so, he knows more about it than any who were not. But having been the

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health officer at my town during the last season, a town of 500 or 600, and almost in sight of an infected city of several thousand —in the same location almost with millions of mosquitoes of the proper kind, with local freight and express matter coming from the city, as well as from the infected districts of New Orleans every day, and physicians who were actually treating cases of fever coming out frequently to assist us with patients and sitting in the office with me for hours, with no precautions whatever except to quarantine against all parties from the infected cities who were not known to be free from fever, or showed a health certificate, and be it said to the credit and integrity of Southern people they seldom ever misrepresented the facts to get a health certificate, as the disease was not carried by them, but only by Italians and foreigners who slipped out without certificates—yet not one case developed in this town, nor any place where parties with fever on them were kept out, while every chance was taken except the bite of a mosquito, which had previously bitten a fever patient and to fumigate cars and goods which might have contained mosquitoes which had bitten parties with the disease. As to the Kearsarge case, I fail to see any point to substantiate the coal theory, except that when they emptied the coal hulks and white-washed them after washing them thoroughly, they had no more fever. What germ was ever known to live in coal, especially water-soaked coal? Will not everything derived from coal kill germs of disease? Might not the mosquitoes, which were constantly biting those Africans (as it is a native fever and many of them never go to bed for it or work almost till they fall dead with the fever on them) while loading the coal, have taken up quarters in the coal hulks? As this is really a house mosquito, and when she gets full of blood always hunts the darkest and most secluded corners she can find until she gets ready to bite again. This seems really to have been the case, as if it had been from the coal it might have developed at any time while in that region, but it was just so many days after landing. Those who hold to the mosquito *fact*, not theory, claim that the mosquito requires about twelve days after biting a patient to get in condition to transmit it, and the doctor says that this was the length of time that elapsed before any of the crew were taken. This proves the same fact. The same mosquitoes remained on the ship and kept biting them at times until they whitewashed his home; he left it and the fever left it.

Why not the yellow fever germ be as smallpox and many other germs? You never see anyone take smallpox from a patient until the pustules are broken and an entirely new crop of germs has come off and they go out after new homes. If this were not the case, the same germs which attacked the first patient might separate and attack anyone who came in contact with him. But this is never the case. There is no danger from being exposed until the new crop comes off. It may require just twelve days for a new crop of fever germs to generate and get ready for business from the ones which the mosquito imbibed from the fever patient, and they may literally cover him, and when she inserts her proboscis she inoculates the patient just as in vaccination. We may not know just how she does it, yet she does it.

He says that "nature guards against injury from improper food by intellect and instinct." Yet by some means or other, people are dying every day from one poison or another. Once in the system, the processes of digestion and assimilation do not always eliminate the dangerous portions and protect life, as would seem from his writings. As to the attack on the hospital service, we seldom see such things from doctors in good standing. Usually they try to hold up the profession and protect each other, if worthy, and this is correct, for if we do not protect each other, who will? I mean, of course, those who are worthy and under our present State laws. There are few who pass the boards, who are not worthy. Those in doubt on this point try the Mississippi board once.

A point I failed to mention is that most vessels have buckets or barrels filled with water, to be used in case of fire, and this, after standing for a time, becomes the natural nests for this house mosquito and while standing in port somewhere, may have produced hundreds of mosquitoes which took up this above in the dark coal hulks and when some sick native or natives came in with coal, filled themselves with yellow fever blood and in twelve or sixteen days, injected a portion of the new crop into members of the ship's crew. Very likely this was true and very likely they cover the "proboscis" as tetanus germs cover rusty nails and bullets. I lost a case this week from gunshot wound.

H. X. Richardson, M. D.

Lyman, Miss.

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TREATMENT OF GONORRHEA, ETC.

Editor Medical Summary:

In *La Tribune Medical* of Paris, I find an article entitled, "Sandal Wood Oil in the Treatment of Urethitis," by Dr. E. Foucalt. The doctor is an established, honest and skilful physician, and his remarks worth consideration. He claims that the gonococcus is not *always* a cause of this disease, and finds cystitis, sexual abuse, alcoholism and errors in diet factors worthy of consideration.

In advocating the use of sandal wood oil, he advances the opinion that when pure it is a specific. Copaiba and cubebs give rise to vomiting and produce a drug eruption, disagreeable odors and diarrhea.

As we live in a commercial age, adulteration is quite common; it is therefore not an easy matter to obtain pure drugs which are essential to obtain success. Cleanliness may be used, and is required, but the salts of zinc, lead and copper, ought not to be used as injections; but those of tr. opium and eucalyptus will prove beneficial.

℞ Tr. opii,
Fld. ext. eucalyptus .....āā gtts. v
Aquæ rosæ ..... ℥j

To be freshly mixed and used as an injection three times a day.

Too much stress cannot be put on strict attention to details.

Nothing in the way of symptoms is too trivial, and should not be overlooked.

Urethral stricture, cystitis and epidydemitis are frequent complications, and it is safe to say that the disease, when chronic, is more dangerous than syphilis; since the complications are by no means trivial. Hospital surgeons know this is true.

A gonorrheal ophthalmitis has been spoken of quite frequently, but is not as common as supposed.

The article on "Mosquito Infection" by Dr. Louis J. Pons, of Roxbury, Conn., in January issue of THE SUMMARY, is excellent; while he may not be the sole cause of yellow fever, he is, nevertheless, an invader and murderer and, on general principles, should be exterminated like any other criminal.

Some years since, an Irishman was indicted for stealing a pig.

"Are you guilty or not guilty?" asked the justice.

"Sure, your Honor, I'll wait until I hear the evidence."

"Well!" said the judge, "your nation is not popular in this section of the country, so we will have to fine you five dollars on *general principles.*"

Let us wait until we hear the evidence about the mosquito.

He may be innocent, but facts do not seem to excuse him.

We will never get any reform of any kind, either political, religious or professional, until we show the public that we respect each other.

A people will get as good officers as they deserve and no better.

The official is as good as the men electing him.

If physicians would support, sustain and encourage each other, it would be an easy matter to do away with abuses.

The potato is largely starch; it heats the body much the same as the other hydrocarbons.

Heat is necessary, water essential, and light an imperative necessity, to animal and plant life.

If the sun should stop shining, the lakes and streams dry up, man would perish by starvation or thirst or perhaps freeze to death.

"It's a good world after all." Let us make it better, if we can.

LUIGI GALVANI DOANE, M. D.
New York City.

SOME THINGS WORTH KNOWING.

Editor Medical Summary:

I like THE SUMMARY, for of all the journals it is the most practical. I always enjoy reading it because I expect to learn something from it that will help me to cure my patients. There are some very bright men who contribute to its pages; men who are willing "to seize on truth wherever found on Christian or on heathen ground." We all miss the articles from our old friend and brother, Dr. Brodnax, that grand old man of the South, a man whom the profession delighted to honor. I am very glad to contribute my mite towards the stock of general knowledge.

One of the common things we meet with in practice is a sprain of the ankle or wrist. No doubt our brethren have some liniment that is "just the thing," but we can cure it without any liniment at all.

Take a long roller towel, dip it in hot water, as hot as the hands will bear, then

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commence with one end of the towel and bandage the sprained limb. Continue to pour hot water frequently over the bandaged limb till you have eased the pain. The after treatment may require bathing with cold water to strengthen the joint. This has been my treatment for sprain for many years. Under other treatment I have seen patients nursing the sprain for two or three months before the limb was of any use to them. A young doctor was called to a case of fracture; he told the family he could not treat the fracture because he "did not have his splints with him." An old doctor was called later to treat the case, and his comment on the young doctor's remark has always been in my mind when I am called to see a patient. "Well," said the old physician, "if he didn't have his splints, why didn't he use his paws!" When on a social visit to a friend's house, a lady was brought to me who was an "opium eater." She had taken more than the regular dose. Her flesh was cold, scarcely any pulse, and the patient very much frightened, the doctor was caught without his medicine case, there was no time to think of what he might give, but something must be done and that *quickly*.

I remembered that I had a pair of hands if I did not have any medicine. I placed the left hand (negative) over the heart, the right hand (positive) over the back between the shoulders, and began to stroke the spine rapidly downward. My intention was to increase the circulation of blood through the heart. In a few moments I found the pulse coming up to the normal rate and knew the danger was over. To satisfy the patient and perhaps my own mind, I wrote a prescription of a dram of aromatic spirits ammonia in cup of water, to be drank at once, but the patient was out of danger before the medicine came.

Sometimes people past the middle age begin to get deaf. If we will examine the ears, we will find hardened wax. A few drops of ether will soften the wax, then with a proper instrument we can clean out the wax and "make the deaf hear."

The tinct. comfrey is a good thing for a recent rupture. Apply it full strength to the rupture. If you have a case of swelling of the testicle, apply one-half ounce oil of mullein with water, three ounces. Keep constantly applied, it will take down the swelling.

ELI G. JONES, M. D.,

85 Bayard St., New Brunswick, N. J.

CHRONIC CARDIAC DISEASES; WHY PHYSICIANS ARE POOR, ETC.

Editor Medical Summary:

I do not believe we appreciate inflammatory conditions as causes of heart disease, but confine ourselves to change of structure or the rales of the heart; this is a mistake. Pleuritic inflammation and rheumatism often leave the heart weak and subject to pathological changes, and dropsy is frequently a complication. Perhaps valvular disease and stenosis may be considered as another, for it frequently happens that both, inflammatory and valve changes are seen and treated by skilful men.

It is a mistake to suppose that dropsy is a disease of the kidneys altogether.

Diseases of the heart, as a rule, are results and not causes of some general condition, and when we treat the heart alone, and overlook these, we are in error.

The causes of disease are plainly stated in the books, viz.:

1. Atmospheric changes.
2. Organic alterations.
3. Germ infection.
4. Contagion.
5. Infection.
6. Diet.

Atmospheric changes are the most frequent of all. Through them rehumatic fever and muscular heart diseases are brought about. Rheumatism (muscular) of the heart is quite common.

On cold and damp days the rheumatic patient suffers most, on dry and warm days the least. This remark, of course, does not apply to rheumatism due to gonorrhea, but is made as a general statement.

As to the surface of the chest, that in a circle on left side, from first to eighth ribs, is best for auscultation. If murmurs cannot be heard within this space, they cannot be heard by direct or indirect means.

Some day we shall have an instrument like the telephone, in which sounds are augmented, and more easily heard by the investigator.

Bellows and other murmurs or sounds will then be plainly enunciated, and diagnosis made more easily.

Before closing, I would like to thank Dr. J. I Johnson, of Pittsburg, Pa., for his excellent article in the January issue of THE SUMMARY; I hope he will go more fully into this subject for many of us are either deaf or poor auscultators, and need all the

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light we can get upon this important subject..

Dr. C. W. Canan, of Orkney Springs, Va., asks this question, and after trying in an interesting instructive way to explain the matter, finally winds up with a tribute to woman.

Our author appears to forget that a doctor is more or less of a good Samaritan, and has educated the public to esteem him as such. He peddles advice (such as it is) and pills without price.

That doctors are poor we all know, and in many instances it is *their own* fault. If they demanded pay for their services, and would not give time and skill to hospitals, and in other ways, they would get it; but such is not the case, for while posing as good Samaritans, they think to become popular and gain a great name. The public soon estimates them, takes advantage of them, get what they can, and go for the man who charges a fee, directly or indirectly, for there are many ways by which a doctor can get paid, if he knows how to work them; these he will discover after a few years of practice.

The quack knows them and gets rich, but the educated and legalized quack does not, and dies poor. Then again, doctors are *not* honest, for those higher up in the social scale (wealth) want to prevent others and *themselves* from advertising. They make one law for the rich advertising specialist, and another for the poor, unsophisticated novice, of whom they are jealous. The public knows this fact, and go to the poor novice, pay him a fee, and when he fails, they consult the professor at his clinic for nothing.

If doctors would lay aside jealousy, help each other, refuse to work and be worked, and thought their time and services and skill worth anything, they would prosper more. The educated and legalized quack is about on a par with the ignorant one.

L. G. Doane, M. D.

New York City.

BRITTLENESS OF THE HAIR—QUERY AND REPLY.

Editor Medical Summary:

I would like advice on the following case: Girl, 13 years old, good health except a brittleness of the hair principally over the occipital region. Hair is rather coarse and wiry; it seems to start all right, but when about one inch long breaks off, which, of course, is very annoying to the young lady. Her father and sister are affected similarly. Have used a number of hair tonics without benefit.

Dr. J. F. P.

Connecticut.

[In such a case "hair tonics" would be useless. The trouble is in the roots of the hair, and treatment must be directed to improvement of the vitality of the scalp and to a betterment of its hygienic condition, before results in the way of a more natural hair growth can be expected.

In such cases microbic action may be suspected, and we would begin treatment by systematic massage of the scalp with the ointment suggested below, after a thorough scrubbing with tar soap and hot water. After scrubbing the affected area for 15 minutes, rinse with plain water, dry the hair and scalp, and apply a lotion made up as follows:

℞ Alcohol ..... ℥ij
Cologne spirit,
Glycerin .....āā ℥v
Corrosive sublimate ..... gr. iij

After this has been allowed time for drying, apply the ointment with gentle massage for 15 minutes. The ointment to be prepared as follows:

℞ Salicylic acid ..... gr. xxx
Beta-naphtol ..... gr. xl
Sulphur ..... ℥ij
Pilocarpin ..... gr. x
Lanolin.....q. s. ad. ℥j

These applications should be made once a day, for a time, then less often as improvement is noted. Both the solution and the ointment possess considerable irritating properties; the corrosive sublimate in the lotion, and the salicylic acid and the beta-naphtol in the ointment. If it be found that the scalp is rendered too sore by the use in the strength commended, you can reduce the amounts, but it is to be remembered that a certain irritation is necessary. After the hair has exceeded the present length, and becomes finer in texture, hair tonics containing pilocarpin and lanolin are indicated.—Ed.]

HEPATIC STIMULANTS.

Editor Medical Summary:

Hepatic stimulants are very important in various diseased conditions, and all physicians should pay especial attention to this class of remedies. Calomel is used extensively by many physicians in various diseases of the liver. It is indicated when the stools are of a light color. The best substitute for calomel that I have ever found is chionanthus virginica. I prefer to use Lloyd's specific chionanthus or chiona, a proprietary preparation, made from chionanthus. The ordinary preparations—tinctures and fluid extracts of chi-

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onanthus—are practically worthless, and will disappoint the physician and patient. It requires special knowledge of the manipulation of chionanthus in order to make a reliable preparation of it. The infusion can be used with good results. In many ways rhubarb and leptandra resemble each other in their action. Rhubarb is used in relaxed conditions of the liver and leptandra is used to relax the liver. Both rhubarb and leptandra are used for purgative action and for their action on the bowels. Rhubarb is occasionally used in biliousness with diarrhea, and leptandra is used in biliousness with constipation. Nitro-hydrochloric acid and myrica cerifera resemble each other in their action on the liver and digestive organs. These remedies are indicated in biliousness after calomel and other purgatives have failed to clean off the tongue, and the patient has a desire for acids, etc., and also when the patient is very weak and needs strength and cannot tolerate the action of purgatives. Neither one of these remedies act as a purgative.

For further information on these drugs, see my article—"Nitro-Hydrochloric Acid," March, 1905, *Wisconsin Medical Recorder,* and "Myrica Cerifera," October, 1904, *Chicago Medical Times.* Podophyllin and chelidonium are in many ways like each other. Podophyllin is indicated when there is tissue fullness, constipation and the patient with plenty of strength, while chelidonium is useful in conditions where the tissues are not full, the patient constipated and very weak and not in a condition to take drastic purgatives. Ammonium chloride is useful in torpid conditions of the liver of the bile duct. Stillingia is useful in some cases of torpid liver. A good preparation of this remedy should be used or a failure will be the result.

Juglans—Butternut in syrup form, made from the green bark and combined with senna and dioscorea is useful in most cases of torpid liver where there is a tendency to chronic constipation, and the stomach is not irritated. This combination is also valuable in most all cases when there is need of a vermifuge. Lobelia is a valuable remedy in cases where there has been no treatment given, and the first stages of the acute hepatic disorders. It should be used in small and frequent doses until the patient vomits. I prefer the concentration lobelia or the official U. S. P., 1905 fluid extract, which contains no alcohol. Alcohol retards the action of lobelia in most cases, and should not be used with it. The official tincture of lobelia U. S. P., 1905 contains alcohol. There are many other remedies which are valuable hepatics.

J. A. BURNETT, M. D.

Cecil, Ark.

BEST TREATMENT FOR GOITER.

Editor Medical Summary:

I would like to have you give the best and most successful cure for goiter. How can the thyroid glands be reduced to normal?

A. A. CHARBONNEAU, M. D.

Ishpeming, Mich.

[As you are not specific in your query, we assume that you refer to the simple goiter, as distinguished from the exophthalmic variety. In the simple form, *i. e.,* where the condition is due to a hypertrophic condition of the gland rather than to degenerative changes, and where the disease has not persisted for too long a period, some of the following medicines will generally induce a reduction in the size of the gland, and in some cases cause complete disappearance.

Ointment mercuric iodide, a piece the size of a pea, well rubbed in once a day, allowing sun's rays to fall upon the tumor while the massage is going on, so that the inunction is accelerated. Large doses of the iodide of potassium internally. Strychnine, 1-16 of a grain, three times a day, has been successful in a number of cases. Woakes reports the cure of seventeen out of twenty cases by means of the diluted solution of fluoric acid, in doses of 15 minims to one dram, in abundance of water, three times a day. Iodine, both internally and externally, and by deep injection into the parenchyma of the gland, is one of the most popular methods of treatment. The preparations made from the thyroid and the thymus gland have been extensively employed of late years, with, in many cases, brilliant results.

The subject is too extensive and intricate for us to take up in each detail in the space at our disposal, and we advise your purchasing a late work of the better class on the practice of medicine, where you will find goiter thoroughly treated. It is not possible to state, in a general way, what "is the best and most successful cure for goiter," for the curative power of all medicaments vary with various individuals and with their systemic conditions and environment. The above suggestions will serve as a basis in outline upon which to build a systematic scheme of therapy which will apply to your individual case, however.—ED.]

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Favorite Prescriptions.

WE invite practitioners to send us, for this page, one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulas plainly written on postal card is a convenient way for sending. Always give them in this order, please. 1. Name of disease. 2. The formula and directions. 3. Your name, town and state.

Reader, let us hear from you in time for the next issue of the Summary.

Do not forget to send your favorite prescriptions, such as you have tested and found trustworthy. It is our wish that the reader take a special interest in this department of the Summary.

ROR ALL CASES OF MALARIA.

The following prescription is of value in all cases of malaria. It may be new to some, but try it before you condemn it:

℞ Tinct. alstronia,
Specific tinct. polymnia.....āā ℥j
Specific tinct. chionanthus,
Specific tinct. scutellaria.....āā ℥ss

M. Sig.—To keep a chill off, give 10 or 15 drops every hour until six or eight doses are taken; beginning so the last dose will come one or two hours before the chill is due.

At other times give 15 or 20 drops every three hours. This prescription is of great value in acute, sub-acute and chronic malaria; and in malaria with enlarged spleen. It is my desire to hear from all who give this remedy a trial as I know it will please most of them. This prescription is worth $100.00 to any physician who practices in a malarial district. The tincture of alstronia is 15 per cent. drug power; that is, each dram contains 15 grains of the crude drug.

The specific medicines, polymnia, chionanthus, and scutellaria, are of same strength as fluid extracts; that is, a dram of any of these remedies contains 60 grains of the crude drug.

J. A. BURNETT, M. D.

Cecil, Ark.

TREATMENT OF TONSILLITIS.

Editor Medical Summary:

Tonsillitis is a very common disease and a physician should know how to treat it. In this disease, as well as most all others, every physician of experience has his own treatment. The following is recommended as being reliable:

℞ Fld. ext. phytolacca.....3ij
Comp. tinct. myrrh.....3j
Fld. ext. collinsonia.....3iij
Simple elixir.....q.s. ℥iij

M. Sig.—One teaspoonful every hour.

If desired, and it is often best, add sodium salicylate to the above; about two grains to each dose can be added. A good gargle can be made as follows:

℞ "Composition," or
Fld. ext. bayberry.....3ij
Glycerin 3iij
Aqua dist.....q.s. ℥iij

M. Sig.—Gargle frequently.

The compound tincture of myrrh is made as follows:

℞ Pwd. capsicum.....℥j
Pwd. myrrh.....lb. j
Alcohol .....gallon j

M.—Let stand twenty days and it is ready for use.

Composition is made as follows:

℞ Pwd. bayberry.....lb. ij
Pwd. hemlock,
Powd. ginger .....āā lb. j
Cloves,
Pwd. capsicum.....āā. ℥j

M. Sig.—Teaspoonful in a teacupful of hot water.

Compound tincture of myrrh and composition are old reliable preparations.

I give the above formulæ, as they may be of value to others as they have been to me.

JOHN ALBERT BURNETT, M. D.

Cecil, Ark.

Editor Medical Summary:

The following are a few favorites of mine, and have been used quite frequently to good advantage. I trust they may prove of value to some of THE SUMMARY readers:

ANTISEPTIC OIL FOR CUTS, SORES, ETC.

℞ Spirits turpentine ..... ℥j
Sweet oil (sterilized) ..... ℥ij

M.

VOMITING OF PREGNANCY.

℞ Sulpho-lythin ..... ℥iv

Give teaspoonful in hot water often enough to keep up hepatic elimination.

W. T. MARRS, M. D.

Jewett, Ill.

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New Publications

We can supply any Medical book noticed in these pages or issued by any Publisher, on receipt of the publisher's price.

MAN AND HIS POISONS. A practical exposition of the causes, symptoms and treatment of self-poisoning. By Albert Abrams, A. M., M. D.; (Heidelberg), F. R. M. S. Consulting Physician, Denver Hospital for Consumptives; Director of the Medical Clinic, Cooper Medical College, San Francisco. Illustrated. 268 pages. E. B. Treat & Co., Publishers, New York. 1906. Price, Cloth, $1.50.

Auto-intoxication is the seed from which probably spring more diseases to which flesh is heir to than we have been willing to attribute to in the past, and, no doubt, the author truthfully states facts when he says: "Many bizarre and protean diseases owe their origin to self-poisoning, but so alluring has been the germ theory of disease that it has annihilated any initiative seeking of the causation of disease from any other source."

This is a companion volume to that noticed in our last month's issue on "The Blues," by the same author, who is a physician, as well as a pathologist, a rare combination, as it were, and right here we can not do better than quote from another reviewer, who says: "We welcome any contribution to medical literature which helps to wake us out of the complacent sufficiency of our micro-organic theories, and directs our attention to the subjective and physiological aspects of sickness and therapeutics. Especially do we welcome such able and philosophic expounders of these phases of the subject as Dr. Abrams appears to be. More power to his elbow!"

The book is a practical treatise on the subject of which it treats, and we would recommend it to those of our readers who are not thoroughly familiar with the subject.

A LABORATORY MANUAL OF PHYSIOLOGICAL CHEMISTRY. By Elbert W. Rockwood, M. D., Ph. D., Professor of Chemistry and Toxicology and Head of the Department of Chemistry in the University of Iowa, etc. Second Edition, Revised and Enlarged. With one colored plate and three plates of microscopic preparations. Large 12mo., 229 pages. F. A. Davis Company, Publishers, 1914 Cherry Street, Philadelphia, Pa. 1906. Price, Extra Cloth, $1.00 net.

In no other branch of the medical sciences has there been such a stride made, during the past few years, as in that department of biology, which is studied under the name of physiological or biological chemistry. While the subject has heretofore been regarded as an important one in the study of the vital processes, it has never been so fully recognized as being fundamental in a biological or medical education as at the present time. The little volume before us deals with the subject in the simplest, plainest way possible to describe the methods of examination of the various secretions, excretions, etc. Its simplicity of detail is a commendable feature of the manual. A number of blank pages are interleaved throughout the book for the purpose of memoranda or notes. In this the second edition no change has been made in the original plan, but considerable new matter has been added; suggestions from the experiences of the author's colleagues have been adopted wherever they have promised to add to the success of the work. Altogether it is a valuable little book.

THE NEW FIELD. Three parts. One volume. By Dr. W. H. Burgess, Avondale, Tenn. 1905. Price, Princess Cover, $1.25; Leather, $1.50.

Some months ago, we presented a review of this very interesting, as well as thoroughly practical little work, but since then the author has added another part, and the present is an entirely new edition; the three parts are now combined in a single volume. Scientific men will, no doubt, differ with the author on some of his statements, but this is only natural; it nevertheless presents many demonstrable truths, and the author is evidently sincere in everything he says. One clinical demonstration is worth more than a hundred theoretical deductions, as it were, and the author appears to have the clinical demonstrations all right.

TRIP TO THE LAND OF THE MIDNIGHT SUN. Summer of 1905. By Dr. Flavel B. Tiffany.

The author of this very interesting portrayal of "a trip to the land of the midnight sun," is a well-known eye specialist of Kansas City, Mo. He proposed going to the Portland Meeting of the American Medical Association, but his wife suggested "a trip to the land of the midnight sun," and he, like the good husband, consented, of course, and here, in this little book we have the trip charmingly written up, and profusely illustrated with half-tone cuts in a most striking manner of the scenes they met. No hint of price is given in the copy we have received "with compliments of the author;" but suppose a copy may be secured by corresponding with the author. It presents delightful reading.

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A prominent physician in Illinois writes: "I like THE SUMMARY very much; regard it as the best journal that comes to my office."

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Summary Gleanings.

It is claimed that strychnine is a *sine qua non* in the treatment of leprosy.

For a purely laryngeal cough phosphorus certainly has no equal, says Dr. Cooper.

In pyelitis bicarbonate of potash, fluid extract of damiana and henbane are the *ne plus ultra.*

Creosote is very good in pulmonary tuberculosis, and in slow cases to recover after pneumonia.

When palpating the common bile duct for stone, make sure that a suspected calculus is not a gland.

Hot air or vapor baths, saline hydragogues and nitroglycerin or nitrites are indicated in uremic vertigo.

Careful regulation of diet, bromides, belladonna and nitroglycerin are of service in epileptic vertigo.

As formaldehyde is being much used, poisoning with it will occur often. Ammonia is a good and ready antidote.

Dr. Arch. Dion,, Jr., ' believes fresh air to be of more importance than any other one thing in the treatment of pneumonia.

Many physicians are opposed to the use of alcohol in pneumonia. If the heart needs support, give digitalis or ammonium carbonate.

Do not forget that a treatment which makes the blood alkaline is essential to the prevention of an extension of the consolidation in pneumonitis.

Aletris is of value in too frequent menstruation with labor-like pains and a sense of debility in the pelvis. The pains may at times assume a colicky nature.

In vertigo from brain tumors Dr. Peterson uses antipyrin, cannabis indica, morphine; potassium idodide, mercury or mixed treatment for syphilitic growths.

After the usual treatment by baths, etc., do not forget gelsemium in combination with sodium bromide is effective in infantile convulsions.—Dr. Ryan in *Monitor.*

Quinine in tonic doses (gr. ii t.i.d.) should be given in the majority of cases of tonsillitis. Strychnine may be added if indicated. Aconitine controls fever, and may abort the disease.

The injection method of treating hernia has proved very successful in the hands of some specialists during the past few years, and is worthy of consideration and further trial.

In subacute laryngitis Dr. Sajous gives every three hours a lozenge containing one-half grain of cubebs, two grains of Dover's powder and sufficient licorice, sugar and acacia.

Dr. Isadore Dyer believes that chaulmoogra oil, in as crude a state as possible and still remaining liquid, more nearly approximates a specific for leprosy than any other remedy so far suggested.

"Improvement was prompt, and at the expiration of two months patient was discharged cured, having regained her normal weight and all of the old symptoms having disappeared. This was more than a year ago, and she has since remained well."

Dr. Hobart A. Hare in substance says that he is convinced that in the great majority of instances digitalis is administered in doses which are much too large and often continued over far too long a period.

Quinine and whisky are to be avoided in the treatment of catarrhal fever, which is called la grippe by the laity and many physicians. They add greatly to the discomfort of the patients and do no good.

Sanguinaria canadensis in small doses is a stimulant and tonic. In large doses it is sedative, expectorant, diuretic and diaphoretic. In very large doses it acts as a harsh emetic and narcotic. Excessive doses have caused death.

Ergot is valuable in uterine hemorrhage, or as excitant of uterine contractions. While its use has to a large extent been confined to labor we have found it to be of considerable value in other conditions where hemorrhage has complicated the prevailing condition.

Doctor, please read the few lines at the head of this page; sit down and write out one or two of your favorites, with full directions for use, etc., and mail to THE SUMMARY at once. Your effort will be appreciated, we assure you.

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THE MEDICAL SUMMARY

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Vol. XXVIII
R. H. ANDREWS, M.D., Editor & Proprietor
2321 PARK AVE., PHILADELPHIA, PA.
No. 2
ESTABLISHED 1879

Titles of a Few Leading Articles in this Number.

DILATATION OF THE ANAL SPHINCTERS
By Charles J. Drueck, M. D.

GRAPHITE
By Thomas S. Blair, M. D.

DUBITANCY AND OPPOSITION
By J. R. Landers, M. D.

THE SICK ROOM
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By W. T. Marrs, M. D.

For full index of contents see ad. page 39.

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READ THIS, PLEASE.

Doctor, in case your name does not happen to be on THE SUMMARY subscription list, let us remind you that there is no better time to subscribe than now. Dr. Drueck's excellent series of articles will be continued throughout the year; the first article of the series appeared in the February issue, and by sending us your subscription now we will be able to send you the February and March numbers. Besides Dr. Drueck's article, every other page of THE SUMMARY is brimful with the most practical matter. A prominent practitioner in a Western city, in sending us his subscription for the present year, puts it thus: "THE SUMMARY seems to be pre-eminently practical. A rare and valuable feature in a medical journal." It has been the privilege of the editor to edit and supervise every issue of THE SUMMARY for the past twenty-seven years, and it has been his unceasing effort to make each succeeding number better than the preceding one, and we are pleased to be able to state that never in its history has THE SUMMARY been more prosperous than now. But, we are aiming still higher, and your aid and assistance will enable us to make a still better journal; help us, and at the same time you will help yourself.

CHRONIC BRONCHITIS IN CHILDREN.

This may be a legacy left by measles or whooping cough, but it may also appear as a primary affection, and then its onset is insidious. It is attended with little constitutional disturbance, no elevation of temperature, and no disturbance of the ordinary bodily functions. Only the cough is frequent, often spasmodic and deep, and accompanied by expectoration if the child be old enough.

Respirations do not appear notably increased. The child becomes, however, pale and emaciated. The affection occurs in children of a lymphatic or scrofulous constitution. The treatment employed is ipecac in emetic doses once or twice a week. If the cough is troublesome, or prevents sleep, belladonna is administered, while for the constitutional condition, guaiacol, with hypophosphites, comp. iron or cod liver oil should be given.

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WAKING—NUMBNESS, SO-CALLED

A form of numbness which manifests itself when the person subject to it happens to awake, has failed to receive its due attention in the medical journals during the past few years, and it is with this object in view that we desire to call attention to the matter, and trust that practitioners will note cause and treatment of the trouble more carefully and report their cases.

For illustration: A person going to sleep in the daytime may experience a peculiar sensation of numbness in the arms and fingers, very much like that which occurs when the hand or foot undergoes that sensation called "going to sleep." There are evidently a great many persons suffering from these attacks of numbness, and the fact that these cases appear to be on the increase make the subject the more interesting to the practitioner, and make it worth while to consider briefly the cause and treatment of the malady.

Many of these cases are evidently due to the presence of a rheumatic element, although others are dependent upon a depraved condition of the blood, caused by lack of nutrition or by a combination of circumstances which cannot always be directly traced. Not infrequently the age of the patient is sufficient to account for this derangement of the circulation. There exists a species of endarteritis, or in other words, the lumen of the smaller arteries has been encroached upon by the presence of morbid products or atheromatous degeneration. For the removal of the products of inflammation or other morbid material, we have no more efficient remedy than iodine; for the purpose of increasing the fluidity of the blood, no diffusible stimulant commends itself more highly than ammonium carbonate. With brittleness of the cerebral arteries, however, the latter drug would be contraindicated, and for the removal of morbid products from the system, it would fall far short of the activity of iodine preparations. A combination of the two would be very desirable from a theoretical point of view, and practically it has been found that this combination is really most efficient. It is to be found in the iodide of ammonium.

For the relief of that form of numbness which affects old people and those of middle age, whether occurring at the time of awakening or at other periods, no combination promises better results than small doses of this preparation in the form of an emulsion. It may be the ends of the fingers, or the left arm, or possibly this numbness affects the lower extremities, but as a rule, benefits will be observed within a few days after beginning the use of the drug.

℞ Ammonium iodid. 3j
Pulv. acaciæ,
Syr. tolu,
Aqua .....āā q. s., ad ℥iij

M. et ft. emulsio. Sig.—One teaspoonful in water about every four hours. At same time a saline laxative should be employed to properly clean out, and keep clean, the alimentary canal.

The number of cases of this character which will respond to the treatment is really surprising, even after they have suffered from numbness of the extremeties for years. Occasionably this malady will be traced to the menopause, and will be found accompanied with severe and continued headache, in which case it will be advisable to use for a few days small doses of aconite.

BRONCHITIS.

At this season of the year many people are subject to attacks of bronchial exudation, with the attendant annoying symptoms of hacking cough, wheezing, shortness of breath and expectoration.

The cause of bronchitis is the effort of the organism to establish an additional channel of depuration for the removal of an excess of waste which the eliminative organs—skin, lungs, bowels, and kidneys—have been unable to carry off. Medicinal treatment of this condition is most unsatisfactory. It is, however, very tractable when treated by hygienic methods. This plan of treatment is to limit the amount of food taken and to accelerate the depurating function. A fast, or restricted diet, will accomplish the first. The Turkish or vapor bath, free water drinking, the use of enemas and deep breathing will secure the second.

The value of deep breathing in bronchitis is not generally appreciated. The lungs present a thousand square feet of surface, and their depurating power is enormous. The following exercises, taken out of doors or in a well ventilated room, will be found a most valuable factor in the treatment.

Stand erect, weight forward, head and chest up. Take slowly a full, deep breath. Then, without retaining it exhale gently until the lungs are as nearly empty as possible. Do this from four to ten times, depending upon your strength, and repeat every hour if possible.

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Original Communications.

BRIEF and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases are solicited from the profession for this department.

Articles intended for the Summary must be contributed to it exclusively. The editor is not responsible for the views of contributors. Write plainly and only on one side of the paper

DILITATION OF THE ANAL SPHINCTERS.

By CHARLES J. DRUECK, M. D.,

Professor of Adominal and Pelvic Surgery at National Medical University; Professor of Rectal Diseases at Jenner Medical College; Rectal Surgeon to Peoples Hospital; Attending Surgeon to Lakeside and Emergency Hospitals; Member of the American Medical Association and Chicago Medical Society.

When preparing this paper I had misgivings, least I was taking your time with apparently a very trivial matter, but in looking over the text books on surgery, and even those on rectal diseases, I found very brief or no mention at all of this subject, about which even well-informed general practitioners are often uncertain as to the best method of procedure.

Divulsion of the sphincters, literally interpreted, means to tear or rend asunder, and that is what usually occurs when the patient is chloroformed and the muscle stretched by introducing the thumbs through the anus and dragging them sideways until they touch the ischial tuberosities. Such brutal traumatism is seldom necessary in modern surgery. What we wish to accomplish in the majority of instances is simply to overcome the natural or exaggerated contractility of the sphincter, that we may open the anus sufficiently for examination or operation. If this can be accomplished without a general anesthesia it brings within the scope of office and ambulant treatment many cases which were formerly attended only in the hospital. It is my object to outline here a plan of treatment which, in my hands, has yielded thoroughly satisfactory results in properly selected cases, obviating the dangers of chloroform without adding any other disadvantages or complications. As this method is applicable to both examination and treatment, I offer it as having a well-defined field.

Stretching the sphincters forms an important step in the treatment of most rectal diseases, because it produces certain anatomical changes and definite physiological results. Stretching a muscle also stretches the fine nerve filaments in its substance and produces a paralysis of these fine twigs. The action is the same as is produced when stretching the sciatic nerve. Localized inflammatory products are broken up and as a result sphincteric spasm, pruritis and hypersensitiveness are mechanically relieved. In many instances pent-up secretions are thus provided with free drainage. If this traumatism is limited to the nerve branches in and about the sphincter, the regeneration of the nerve soon occurs and the paralysis is only temporary. If, however, the larger nerve trunks out toward the ischial fossa are injured, regeneration is more remote and it is possible for cicatrization and atrophy to occur in the muscle before new nerve is built up, and the paralysis may be more or less permanent. Every thorough examination of the rectum includes a digital exploration, and the introduction of the finger puts the sphincter on sufficient tention to demonstrate many important things. The finger thoroughly annointed with vaseline or olive oil (not glycerin, because that stimulates the bowel to evacuation), is gently insinuated with a boring motion, remembering the direction of the rectum—forward toward the pubes until the sphincters are passed and then backward toward the sacrum. As soon as the finger touches the sphincter the latter contracts spasmodically. If, however, the finger is held firmly against the anus for a minute the muscle relaxes and in many instances the finger may proceed without difficulty. The sphincter is now slightly stretched and the degree of contraction, or bite, informs us of the tone or irritability of the muscle. This digital stretching is always essential before the specular examination in every new case, because it demonstrates not only the condition of the muscle itself, but also determines many diseased conditions, and thereby permits the operator to subsequently dilate the sphincter instrumentally without causing much pain in many instances. In new-born infants stretching the sphincter with the obstetrician's little finger is one of the most powerful respiratory stimulants, and in older children it will be noted that the introduction of the enema tip is often sufficient stimulus to bring on defecation without the use of liquids.

If in a given case the finger has been introduced and the sphincter and rectum found

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normally patulous the anoscope or a speculum may be slowly introduced without causing pain and the lower rectum dilated enough for examination or treatment. If, however, certain diseased conditions exist which have caused an irritable and hypersensitive sphincter, the muscles will be found to bite the finger abnormally and the anus needs preparation. To temporarily overcome these conditions we have recourse to local anesthesia, a condition which may be produced by a number of agents, the most popular of which is cocaine. This drug in weak solution may be used with perfect safety so long as the total amount used at any one sitting is less than one-half grain.

By placing the hands on either buttock the finger tips resting close to the anus, the external sphincter may be gradually drawn open (everted) until one-half inch of mucous membrane rolls out. This surface is then sprayed with a 4 per cent. cocaine solution, to which is added one-half of 1 per cent. of 1 in 1000 adrenalin solution. The buttocks are now released and the anal canal treated by injecting ten to twenty minims of the same solution from a short-nozzled piston syringe. The patient is then placed in a semi-recumbent position for about five minutes, until the full effect of the drug may be obtained.

The adrenalin solution in the mixture prolongs the anesthetic effect, limits the rapidity of absorption of the cocaine and lessens the venous congestion, which sometimes produces an annoying tenesmus for several hours following this procedure. It may be well to add that the solution is always warmed to nearly the body heat before it is used, because warm solutions are more efficient than cold, and also that the use of normal salt solution instead of plain water increases the absorbability of the cocaine..

After waiting five minutes the surface is fully anesthetized and any exposed hemorrhoidal nerve is quieted, but the sphincter muscle itself is not interfered with, and we are now ready to begin the instrumental dilatation for examination or treatment, just as we would in a normal unirritated anal canal.

This instrument (Kelly's calibrator) is warmed to about the body heat, thoroughly anointed with any lubricant, except gylcerin, and gently pressed against the anus. By exercising a couple of pounds' pressure the instrument is inserted with a boring motion. The sphincter can usually be dilated up to two inches in diameter in about five minutes. The pressure on the calibrator must be slight, but steady. Any undue haste only excites spasm of the sphincter and retards our progress.

If in the case at hand the sphincters are very irritable it may be advisable at the first treatment to distend the fibers to only one inch, and at each subsequent visit to increase the distention, the object being to speedily stretch the muscle to a diameter considerably larger than is ever produced by any fecal mass, and, therefore, when the bowels are evacuated, the distention is relatively slight. Having dilated the anus as much as desired, the calibrator should now be retained in situ for ten or fifteen minutes until the sphincteric grasp is released. When the sphincter has been thoroughly dilated the calibrator may be slowly withdrawn. The last half inch of the instrument being withdrawn very slowly and crowded against the anterior quadrent of the sphincter. Firm pressure against the posterior wall of the anus with the examiner's free hand also prevents sudden spasm.

It occasionally happens that even with the use of cocaine a thorough dilatation at the first sitting is very painful. If the patient complains of pain the distention should be diminished to a point where he is fairly comfortable and the physician must content himself with a partial dilatation at the first treatment. The treatments in such a case should be repeated each day, gradually increasing the dilatation until the muscle is relaxed sufficiently for all purposes.

Case 1. Mr. H. S., a stockyard commission merchant, complained of sharp, cutting pain in rectum following defecation, itching at the anus and bowels constipated. Examination showed the anus to be tightly contracted. Digital exploration was too painful to be satisfactory to either patient or myself. The anus was sprayed and the cocaine injected, as I have outlined above, and after waiting five minutes I completed my examination painlessly and satisfactorily.

When disease exists above the sphincters this same method may be followed, and when the calibrator is withdrawn the anoscope or speculum may be introduced easily and without exciting spasm. The anal canal or rectum may be examined or treated just as easily as if the patient were anesthetized, as plenty of room is obtained for the treatment of diseases of the lower inch and a half of the bowel. In the treatment of internal hemorrhoids, rec-

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tal ulcers, villus tumors or other conditions requiring minor operations or treatments upon the rectum, the parts can usually be distended sufficiently without a general anesthetic, only it must be performed slowly and patiently.

In the early part of this paper I called your attention to the importance of digital examination preceding the instrumental dilatation, because it furnishes the examiner precise information regarding the tone or contractile power of the sphincter. If you can introduce your finger into a patient's rectum easily and without feeling the bite or spasm of the sphincter be very chary about introducing a speculum and distending the anal canal, because what little contractile power is present may be easily dissipated and a permanent, partial or complete paralysis result. Example:

Case 2. Mrs. B., at the age of 26 years, was delivered instrumentally of a large boy. The perineum was ruptured, but was promptly repaired; the patient recovered and enjoyed good health, having complete control of the bowels. Four years later she was operated upon for hemorrhoids, and since that operation has had complete paralysis. The surgeon who operated informed me that he was positive no undue traumatism was used. I mention this case to show that where the nerve supply of the sphincters has been previously injured an instrumental dilatation may be fatal to good results and a previous digital examination is indispensable.

In operating within the rectum, and particularly when it may be necessary to drag upon the parts, the nerve must be anesthetized as far back along its trunk as the traction will be appreciated, because a nerve may be perfectly numb at the point at which it is cut or clamped, but very much alive half an inch farther on, and if this sensitive part is dragged when examining it will be appreciated by the patient as being at the nerve end, because the same fibers are affected. Therefore, if in dilating the sphincter it is necessary to move or stretch the deeper nerves, especially if exudation or inflammation extends outside of this muscle, it will be necessary to thoroughly cocainize the nerves outside of this area. In such cases infiltration of the deeper nerves is necessary.

Having discoursed at some length upon the advantages of dilating, and hinted at operating upon, the anus under local anethesia allow me to remind you that this method has its limitations, and while cocaine may relieve the sensations of pain they do not remove the fear or terror of being operated upon, and a highly nervous or excited patient may not be able to keep quiet or calm while he is conscious and realizes that the surgeon is at work. In a number of such cases I have completely failed to obtain any reasonable benefit from cocaine. In selected cases, however, I believe this method brings within the field of office work many patients who would otherwise be confined to their bed for several days or weeks, and also those who object to an anesthetic or in whom its administration would be inadvisable, and who therefore continue for years with very painful and annoying ailments, which might be promptly and easily relieved by their doctor.

599 East Forty-sixth Street, Chicago, Ill.

(Dr. Drueck's articles are intended to meet the demands of the general practitioner. THE SUMMARY has gone to considerable expense to present these papers, but, of course, it is not possible for any medical writer to present every thought in each paper clearly to 10,000 readers. Therefore, there will possibly be points in these articles that may not be well understood, and if the reader will send his inquiry to the editor or to Dr. Drueck, his questions will be answered in the "Notes and Queries" department of THE SUMMARY. Or, if preferred, return postage being enclosed, response will be made direct. However, we trust that everyone will see the greater benefit accruing to all if reply is being made in THE SUMMARY columns.—Ed.)

GRAPHITE.

By THOMAS S. BLAIR, M. D.

It is quite an interesting study to work out physiological indications for the drugs employed by the advocates of the so-called "law of similars." It might be difficult to prove the proposition, but there is very considerable basis for the belief that the instances wherein the homœopaths have demonstrated the real utility of small doses of generally considered inert drugs are not really instances of the truth of their law, but rather that these substances possess physiological actions not yet worked out by the pharmacologists.

Be this as it may, the fact that such substances as graphite, lycopodium, silica and sepia do possess undoubted remedial qualities is proven, and it behooves regular therapeutics to give some study to the matter in a rational and unbiased manner. This present paper will confine itself to the study of but one such substance, graphite, called also plum-

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bago and black lead. I have personally handled it, in a former business capacity, in large quantities. There are many grades of it used as lubricants, others in the manufacture of stove polishes and the finer grades in the making of lead pencils and in several technical and chemical industries.

It is a crystalline form of carbon, with a nucluous quality due to some substance not well defined. Personally, I incline to the view that there is combined in it a peculiar hydrocarbon, probably formed from the liquification of gases under pressure. It is known that gases under great stress exist in some diamonds (another instance of crystalline carbon), and occasionally a diamond will explode because of these gases. Coal also contains hydro-carbons, and our synthetic chemicals are nearly all built up upon a basis of coal tar. It requires no stretch of the imagination to suppose that nature as well as man can make potent remedies from her hydrocarbons. She has probably done so in graphite.

Powdered graphite has long been given in ten to 30 grain doses as an "anti-psoric." Hippocrates recognized its value and employed it chiefly in the form of an ointment. To-day the cerate is successfully employed in fissured sores and sore nipples. From the most ancient times it has been used as a remedy in skin diseases; consequently homœopathy can make no exclusive claim of it.

Its medicinal virtues are probably not due to the carbon itself, but to the substance taking the place of "the water of crystallization," which is probably a hydro-carbon. Now this is some chemistry not down in the books, and would be a little difficult for me to prove. But I do know that there is an irritant in very finely ground graphite that after long handling by the workmen may produce ugly eczemas, although some grades have little of this influence.

It requires disintegration of the crystals of graphite to free this substance, which, after very long trituration, is freely soluble in alcohol. A trituration of one part of graphite to 99 of milk sugar (the homœopathic 3x) shows a distinct slate-blue color, and I have no doubt such a triturate is active. The so-called "high potencies" probably possess little chemical or physiological activity. A good one in ten trituration would surely do whatever graphite can do in the human economy, provided the trituration is kept up for several hours.

In large doses, I believe this alcohol soluble substance in triturated graphite to be an irritant to all the secreting and excreting surfaces of the body and to the serous and mucous membranes of the viscera.

In small and non-irritant doses, it is probably a powerful alterative most markedly influencing the secreting surfaces and being rapidly eliminated by them. Small doses appear to improve a feeble cutaneous circulation by an action upon the skin itself and not by any influence upon the heart.

If I am correct in this, and quite considerable clinical experience makes me believe I am, the lower triturations of graphite should *physiologically* influence moist eczemas and cracked and encrusted skin lesions due to defective circulation in the parts. Such conditions exist in obese and irritable persons. Women of this type usually have copious leucorrheal discharges. Graphite seems to check unhealthy secretions from both the skin and mucous membranes and appears to influence uterine secretions as well as those from the nose and throat. To a less degree, it influences the mucous surfaces of the bowels and the lungs.

The remedy is of real value in many chronic skin lesions, especially those inclined to fissure or to exude sticky discharges.

Any physician can make his own trituration, but it is very laborious, and it is best to buy 1x or 2x tablet triturates made by machine.

Give from one to five grains of the trituration three times a day, and do not expect an immediate response in chronic conditions. A seasoned regular, such as I am, will not depend upon graphite without local treatment at the same time. It is a peculiar drug, by no means a cure all in skin lesions, but entitled to a place within its indications.

403 North Second Street, Harrisburg, Pa.

CARBUNCLE AND ITS NON-OPERATIVE TREATMENT.

By Thakur R. D. Sinha, L.T.M.S.,
Medical Practitioner, Motihari, India.

Carbuncle (carbo, live coal) is a localized, deep-seated suppurative inflammation of the cutaneous and cellulo-cutaneous tissues, with hard, *indurated*, painful swelling (*flat*), with numerous openings. It is generally accompanied by constitutional disturbances, such as chills or rigors, anorexia, coated tongue, lassitude, uneasiness and sometimes headache. It begins as a simple pimple, gradually becoming harder and slightly elevated. There is a burn-

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ing sensation and stiffness all over the affected part. When the induration ripens, localized death of the tissues occurs, signified by a softening and formation of the numerous honeycombed openings, with a peculiar disagreeable discharge, thus distinguishing it from boils, which have only one opening.

Its chief location is (1) the nape of the neck, (2) between shoulder blades, (3) on the spinal column and (4) hips. It very seldom affects other parts of the body.

All my patients were well-to-do men, partaking rich dishes with very little outdoor exercise.

I herein subjoin four cases as illustration:

Case 1.—Babu B. Singh, aged about 49 years, a Rajput male, had been suffering from an extensive carbuncle, of the size of a saucer, on his back, between the spinal column and the inferior angle of the right scapula. He was being treated by a dresser for twenty days with iodoform and some sticky (quack) ointment, without benefit.

I. General Condition.—He was anemic, emaciated and weak; his countenance was careworn and despondent; had total anorexia, insomnia and feverishness, viz., hot skin, thirst, headache, restlessness, high-colored urine, constipation, etc., etc.

II. Local.—The ulceration was irregular, ugly-looking, with tough slough (*adherent*), discharging profusely malodorous matter.

I at once ordered poultices made of linseed meal and neem leaves (azadirachta Indica) to be applied every four hours till the quackish unguents softens. After this had been done thrice, I mopped the surface (*ulceration*) with boric wool, then applied pure carbolic acid with pledges of cotton, touching every nook and corner. The poultice was resumed thrice daily for three days, when the sloughs separated. Carbolic acid, pure, was then painted on the remaining slough once daily and carbolic oil (1 in 10) dressing was substituted for the poultices.

Internally was given calomel gr. 1-6 and podophyllin gr. 1-6 for four doses every half hour, followed by magnesium sulphate 3iii, which moved his bowels twice. Tabloid calcium sulphide gr. i (B. W. & Co.) was ordered every hour (four doses daily), and the following in the intervals:

℞ Ecthol 3vi
Potass. bicarb. 3ii
Fld. ext. cascara 3ii
Tinct. quassia 3ii
Tinct. nucis vomica..... 3ss
Aqua dest. .....ad 3i

Mix for eight doses, one every four hours between the tabloids.

He began to progress satisfastorily from the third day of treatment, and in a fortnight more he was dismissed with 40 tabloids of arsenical compound, which he took after each meal for twenty days. He is hale and hearty now.

Case 2.—Babu M. L. Sah, aged about 42, merchant, was attacked with typical fever, which subsided after two days. He then noticed burning sensation and stiffness over his back (on the spine). He sent for the civil surgeon and assistant surgeon, who advised him to get the induration freely excised, which was about the size of a hen's egg. He did not consent as his brother had died of operative treatment of carbuncle.

I was called in and assured him that no cutting operation was necessary. (He was a habitual tippler since his youth.) I ordered the purgative as in the first case, which moved his bowels thrice. As he complained of unbearable burning sensation at the affected part, I applied Hazeline, Snow (B. W. & Co.), every three hours. Of course, the pimples were pricked with an aseptic pin (common), and the contents squeezed out. Then carbolic acid, pure, was painted on the openings, till all of them coalesced and all sloughs discharged. After this the ulceration was twice dressed with carbolic oil (1 in 10).

Internally I gave him tabloid calcium sulphide gr. 1 every four hours, and the following mixture twice daily after meals:

℞ Ecthol 3i
Syr. hopophosphites comp., (Fellows) 3i
Aqua dest. .....ad 3i

Mix for one dose, to be taken after each principal meal. He made an uneventful and uninterrupted recovery, and was discharged cured in eight days.

Case 3.—Mahanth S. Dass, aged about 67 years, Brahman by caste, had been suffering from two big carbuncles—one on the right suprascapular region and another on the dorsal spine. The former was half an inch deep and of the size of a saucer, and the lower was one inch deep and of the size of a cricket ball.

He at first attended the outdoor department of the local charitable dispensary, where, after a weeks' treatment, he was advised to have the carbuncles freely excised.

Dreading knife, he came under my treatment on the 21st of May, 1905. His condi-

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tion was similar to case No. 1. I liberally painted the sloughs with pure carbolic acid and applied carbolic acid poultices to soften the sloughs, which were partly removed by the poultices and partly by dressing-scissors.

He was given internally the following:

℞ Calcium sulphide, gr. ½ (A A. Co.) 32
Triple arsenates with nuclein. 32

One of each for a dose, to be taken every four hours (four times a day). From the fourth day he was dressed only once daily and was discharged cured in three weeks.

Case 4.—Moonshi M. Pd., a legal practitioner, aged about 61 years, had been suffering from *diabetes mellitus* since four years and *writer's cramp* for two years (probably brought on by his excessive and daily use of country, raw liquors. On the 20th of May, 1905, he noticed an inflammatory swelling on his right crest of the ilium, attended with burning sensation and febrile symptoms. I was called on May 23, 1905, and diagnosed the carbuncle. I ordered calomel, podophyllin and saline laxative to clear the prima via as the other cases. I applied ecthol full strength on lint, which was kept constantly moist for two days, when the induration softened and the contents of the pimples pricked out. The sloughs were removed by pure carbolic acid paint and dressed with carbolic oil.

He was given internally the following:

℞ Calcium sulphide gr. ½ (A. A. Co.) 12
Diabetes mellitus granules.... 12

One of each for a dose, to be taken four times a day. From the second day he began to progress very favorably, and in ten days was discharged cured.

For his diabetes he was given the following for two months:

℞ Diabetes mellitus granules (A. A. Co.) ..... No. 32

Sig.: One every four hours (four doses daily) for eight days, and then alternating the following for similar period:

℞ Tabl. pulv. opii gr. ½ (B. W. & Co.) ..... No. 16
Tabl. tinct. belladonna m. v. (B. W. & Co.)..... No. 16

One of each for a dose twice daily. Of course he was interdicted to take liquor in any shape. He is now free from all the complaints.

WHAT IS LIFE?

By LUIGI G. DOANE, M. D.

This question has been asked so many times and answered in so many ways that it seems idle to reopen it, yet the fact that new methods of investigation have been devised and new theories advanced, requires reply, lest false notions prevail. Electrical vibration is an answer, when we are able to tell about it to explain it and create it—life may be prolonged.

According to Dr. Albert J. Atkins, professor of physiology in the California Medical College, "life is an infinite vital energy whose manifestations become tangible to the human senses through the medium of vibration." By the term vital energy he intends to convey a general meaning of universal life, while the words electricity, magnetism, force, light, heat, etc., are used by him to express certain phases of the same general principle. Dr. Atkins asserts that he has now conclusively demonstrated that which others have long since suspected, and that is that the life principle in the living organism is an electrical action.

For several years this physiologist has been engaged in study and experiment along this line, but until now he has not felt justified in making his researches known, the gist of which is that he has succeeded in obtaining indications of positive and negative electric currents in the air chambers of the living lungs outside of the blood stream. The tests just made were confirmatory of previous ones, with additional tests on other internal organs.

The details of these interesting and far-reaching tests have been compiled and read by him before one of the leading scientific societies of this city, and in which he reiterates what he had already stated to the present writer—to wit, that he had demonstrated on living animals the presence of currents of electricity in every organ of the system. For the benefit of the anti-vivisectionists it may be said that the animal was always rendered immune to pain by the use of anesthetics. In the researches to be described the physiologist was assisted by Dr. W. H. Hunsaker and Dr. Emma A. Lewis, both of whom are specialists living in San Francisco.

To place the non-technical reader aright it should be stated that heretofore the accepted theory relating to the purification of the blood in the lungs was due to a process of oxidation by what is called osmosis; that

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is, the tendency of the oxygen drawn into the lungs was to pass through the membrane of which the cells were formed and which in this case must necessarily be assumed to be porous, while the new electrical theory of Atkins indicates, in direct opposition to the foregoing, that the membranes are not porous, that osmosis cannot therefore take place, and that the purification of the blood is really the result of electrical action outside the blood cells in the lungs.

Another series of tests proved the existence of an alternating current of electricity in the air chamber of the living lungs outside the blood stream as mentioned. This was done by performing tracheotomy (cutting the windpipe) of a live sheep; two especially prepared platinum electrodes were inserted through the opening, one into the cavity of each lung. These electrodes were insulated nearly to the end, and terminated in a small head of platinum, so as not to injure the delicate tissues of the lungs; the electrodes were connected to a galvanometer, an apparatus for measuring electric currents, and at each inspiration and expiration of the animal the indicating needle of the instrument would move first to the right and then to the left, registering alternately a positive and a negative current.

The experimantum crucis, however, was made on the stomach of a healthy man by having him swallow a tube fitted with suitably prepared electrodes; at the points of contact with the walls of the stomach the electrodes were about an inch apart. When the circuit was completed the galvanometer showed that a direct current was being generated, and from this it is stated that the whole process of digestion is electro-chemical in nature; it also explains why the stomach does not digest itself—a question which has puzzled physiologists ever since these specialists have known that man had such an organ. The current of electricity produces the chemical action of digestion and by reason of its resistance prevents the chemical action from extending into the walls of the stomach.

By summing up these experiments it would seem, then, that the human organism is simply an electric battery, and one that follows the same laws as those in which the elements of zinc and carbon enter. This great human battery of the physical organism contains many electrical circuits, both small and large, simple and complicated; many nerve conductors, many terminals, many relays and other most delicately arranged apparatus. These constitute the body of mankind.

352 West Twenty-eighth Street, New York City.

SPECIFIC MEDICATION—THE UNIVERSAL LANGUAGE OF THERAPEUTICS.

By J. R. Borland, M. D.

It is now admitted by scientists and scholars that the natural world is governed and controlled by certain and immutable laws.

Attempts are being made to formulate a universal language, as Volapuk, etc., by which different races and tongues may communicate intelligently with each other, and such a desideratim may be among the possibilities.

Let us see what has been accomplished in the sciences. There is the language of astronomy; by its nomenclature the astronomers of one country can communicate with those of another understandingly, although of different languages. The language of arithmetic, with its alphabet of ten characters—its signs of addition, subtraction, multiplication, division, proportion, square root and cube root—is understood by every civilized nation. A prob- or a Frenchman will be solved and the answer obtained without a word of the spoken language of either being used. The result is a positive attestation that there is such a thing as unspoken language!

The language of music, with its staff, notes, etc., is the same, all over the world! You may place a piece of music, old or new, before the representatives of a dozen different languages and they will all play it alike! Thus you may distinguish "Yankee Doodle" or "Home, Sweet Home," whether played by a Scotchman on his bagpipe, a Frenchman on the piano, a Dutchman on the clarionet or an American backwoodsman on his fiddle. The words, if any accompany it, may differ, but the notes are all brought out and the playing may be fast or slow, but the tune is *essentially the same!*

In geometry a straight line cannot be made straighter, a circle rounder or a square squarer. A carpenter in one country lays out his work by the same rules his fellow-craftsman does in another. May it not be possible that therapeutics may, in the not distant future, closely approximate this scientific certitude?

It is quite easy to distinguish an insane from a sane person, a drunken from a sober one, although we may not understand a word of the language of either.

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Reflecting upon these and other corelated facts impels me to ask may there not be a therapeutics of universal application? But the medical profession has claimed "there are no panaceas—no specifics, except calomel, for the liver, brimstone for the itch and quinine lem submitted to a Dutchman, an Englishman for ague!" Do we eclectics believe this? No; not with the light of the last two decades beaming on us. The therapeutics of the previous decades was unsatisfactory; it was too indefinite. The profession groped and hoped for something better. At length specific medicine was evolved and our eyes were opened to the fact that there were more specifics than our old school friends ever dreamed of, in their philosophy.

Professor J. M. Scudder opened the way by which the world will eventually reach the point, where and when specific medication will be the language of therapeutics; and the technical language of medicine, as that of chemistry, will be universal. Why not?

The language of pain is everywhere the same; the expressions of the tongue under like conditions the same; the symptoms of pathological conditions the same, in all nationalities and peoples; and the expert diagnoser can read them anywhere and everywhere, although he may not be able to name the disease in the language of the patient.

I think the reader will understand what I mean. But let me illustrate farther. For instance, when the language of therapeutics is understood as I mean it here, the physician of Hindostan, Australia, England, France, Spain, South America and North America will administer aconite, belladonna, rhus tox, gelsemium, bryonia, ergot, pulsatilla, macrotys, phytolacca, maptisia or the mercurials for the same conditions and to meet the same indications. In the course of time a remedy may be found in one country that will be *synergistic*, correspond with or fill the place of one found in another. We now have several such remedies.

I am somewhat of "an old fogy," and have not been able as yet to get specific medicine "down fine," consequently do not consider myself an expert in prescribing specifically, as some of the younger brothers, who have graduated from our colleges in the last decades—whose teaching has been based on specific therapeutics. Some years ago I took a partner, who was eclectically raised and taught and well up in specific medication. I then discovered that in prescribing, especially in acute diseases, we were a unit—that we simultaneously thought of the same remedy for the conditions which presented—our thoughts ran in the same grove; our therapeutic language was the same. But in the treatment of chronic cases we differed materially—when he would treat such cases specifically I would treat them, as do our competitors, and as we did in former years, "on general principles."

I consider specific medication one of the grandest discoveries of the nineteenth century. In medicine it transcends all others. With its development medicine can be called "a science", without begging the question, and the errors will be with him who prescribes, in the words of Professor Scudder: "Either an error in diagnosis or in the selection of the remedy." The science is there; let us bring it out as the sculptor the beautiful statue from the block of marble.

ADVANTAGES OF THE NEW METHOD.

We will get rid of a polypharmacy which has built up the drug business, to the detriment of the physicians and the people. The mental relief to the physician will be great, as he will not need to burden his mind with the many symptoms of aconite or any other drug, nor cram his noddle with recipes and shot-gun formulas—the practice of medicine will be simplified; the route to the treatment of disease will be "a short-cut across lots." Everybody will be benefited except the druggists and patent medicine men; the language of therapeutics will be universal.

If, as our homœopathic friends claim, the law of "similia" be true, then the treatment of conditions, as indicated by symptoms, must be the route to pursue to reach a scientific therapeutics, or my logic is at fault. Symptoms (not names) are the voice, the language of conditions, and upon conditions as manifested by symptoms we base specific medication. Can anything more clearly express what is meant by specific medication?

Franklin, Pa.

DUBITANCY AND OPPOSITION.

By J. R. LANDERS, M. D.

Opposition to our beliefs, knowledge or contentions should not excite us to wrath or resentment, though doubt or denial of a proven or provable contention is quite exasperating. Honest opposition should rather incite us to greater study and understanding of our subject, so as to improve our ability to correctly and plainly portray its every feature true to fact, so as to present in the most comprehen-

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sible form. The one consoling thought is that if our contention is of some degree of consequence time will reveal its truth, and must be acknowledged, though sometimes men seem provokingly and persistently, if not willfully, blind or dubious. But we should not withhold the right, from any man, of individual opinion.

And if his opinion differs from ours or he refuses to concur in our belief or withhold his approval, we must accredit and trust him as honestly dubiative. We would believe our opponent or adversary of honest purpose and that all doubt, argument and disagreement is simply evidence of the perplexing difficulty sometimes encountered in establishing fact.

But when one would muzzle our tongue, silence our pen, restrain or refuse us speech, and thereby burke a vital truth, it is a different matter. From my viewpoint such seems scarcely possible outside of teratology especial in the realm of medicine. Truth remains truth in the limelight or in the shadow. It seems all would desire to know the truth. Yet there are men who say I am the *generalissimo*, and if you write anything contrary to my long-cherished, *infallible* opinion I say it is false, and we'll have no argument about it. I simply will not publish it, and you skeedaddle! Avaunt out my sight! We do not mean this was our experience, but it was others', and might have been ours just as well had we attempted to have that same editor publish some of our artless productions. He says pneumonia is not curable, any and all to the contrary notwithstanding. I have been trying to treat pneumonia for twenty years. Some got well in spite of all treatment; some died, I fear, in perfect accordance with it. Years ago I thought at the crisis I was sometimes able to keep them from crossing the great river. At other times I have felt as though tied, and the patient quietly succumbed according to theory and authority. But it has been ten years or more since such occurred. I saw plainly that the prevalent treatment was not satisfactory to me. Authority might be able to do satisfactory, successful work with it, but I was not. I began to study from a different standpoint than that pneumonia was a self-limited disease that could neither be modified, ameliorated, cut short or influenced by known means, or, if so, to try to find out if there was not some knowable means that might help. I procured *Burggraeve's Dosimetric Therapeutics*. In this he said the treatment should be to prevent effusion or exudate, and that it was more rational to contract the pulmonary tissues by the arsenates of strychnine and quinine and digitalin and bleed the blood out of the lung into other parts of the body, instead of venesection with aconitine and veratrine to assist by combating fever and overaction and relieving by centrifugal action, by relaxing surface and extremity arterioles, and this was to my mind a reasonable something to start on. Other men—American men—were already telling me that I was on the right track and added remedies and suggestions, and now I seem to be able to see what is in a case of pneumonia and what the requirements and what remedies will meet those requirements, so that now I feel competent, adequate to the demands of any ordinary case of pneumonia. The distinguished editor says pneumonia cannot be cured, and that we falsify if we say it can. But, notwithstanding, I have not lost a case in ten years. Please tell me why? Sure, I am aware there seems a vast difference in cases of pneumonia. One is taken suddenly and vehemently ill and will die directly if not relieved; another is not so sudden, nor appears so distressingly ill; while still another goes down from a seeming slight cold and lung tissue is slowly invaded, and so on; but let this suffice. If I have not gotten together a better treatment, why have I not lost some cases lately? It seems to me I have had cases lately that presented symptoms of as great gravity as those of years ago. I can account for it only by giving treatment credit. I aim to meet all indications and keep every feature as nearly normal as possible. This in a nutshell comprehends the management throughout.

We are also informed from a distinguished source by *genius loci* that intestinal antisepsis is altogether a "superstition," and that "people persist in attributing beneficial powers to intestinal antisepsis in typhoid fever when it is not necessarily localized in the bowels, but is a generalized infection." So there we had just as well give microbic life a free hand, keep the bowel contents in the best possible condition for their culture grounds, where they may breed, degenerate and multiply in all glory and freedom; where they may unchecked invade the blood, overwhelm the leucocytes and destroy phagocytic power—and kill the patient. If a man had swallowed a deadly poison, don't try to prevent it from being absorbed, as it is a systemic poison and kills after getting into the blood, the same as the bacillus typhosus. Nay, brother, this will not do. Destroy the breeding ground as rapidly as possible in the bowels, the same as you

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would quickly get all poison out of the stomach that no more be taken into the circulation. And then keep the intestinal antiseptics working, that no more or no great number can multiply to invade the blood and reinforce their ranks and destroy life.

My experience assures me this is a fact and cannot be confuted. Whoever may be dubitative can surely soon find sufficient evidence of the value of intestinal antisepsis to give courage to test it if he will only arm himself with the pure sulphocarbolates and use them in sufficient dosage in any case till stools are odorless, and my word for it they will not disappoint; but it takes dose enough and one case will require more or less. The only criterion is effect, and give till that effect, odorless stools, are evident.

I fail to see why any should oppose or doubt the utility of these agents. They are American, and you can make them yourself if you know how. But be sure you have a chemically pure article, and try it; then let us have your verdict; we want it, whatever it be, in support or contrary to our contention; it makes no difference; truth is what we need and what we want.

Bernadotte, Ills.

THE SICK ROOM.

By J. L. Wolfe, M. D.

The management of the sick room is an art (I had almost said a science) which has very much to do with the comfort of the patient and with the result of the disease. Worse than a poor doctor is a poor nurse; and being a good one is a very noble and difficult thing.

There are a thousand little attentions and turns, and fixtures, and kindnesses, which, though small they may be, are of great consequence to the patient; and no one but the dependent invalid knows the distinctions between a good and poor nurse. I would scarcely venture to define what constitutes the former, but a few points may be specified which must be attended to by all who would deal faithfully with the sick.

1. The importance of ventilation for the health we have already spoken of, but it is of still greater importance to the diseased. The sick room, the most of all others, needs each day a careful airing, and the windows opened, with the beams of the morning sun entering the chamber, or the mild refreshment of its setting rays, will be like health to the bones. Catching cold to a patient almost always results either from exposure to a draught of air from an over-close room, or from a very sudden change of temperature; and is very readily connected with the careful admission of air from without. A chimney or open fireplace, with a little fire, are very desirable as providing a constant ventilation and favoring the egress of the vitiated air.

2. The regulation of the heat is another important matter. A thermometer is a very good companion on this score, and a temperature varying from sixty to seventy degrees is usually desirable, although this may need to be modified to suit the condition of the patient. If a wood fire is made, care should be taken to guard against the extreme heat caused by the sudden blaze and the comparative coolness from dying embers. Smoke should always be carefully guarded against. If coal is used, great care should be taken that none of the gas escape into the room, and a pan of hot water upon the stove to secure the required moisture.

3. Cleanliness is often too much neglected in the sick room, even by those who desire to be neat. The fear of giving cold often deters from changings and washings which would be attended to in health, and thus the patient suffers many times from obstructions to free exhalations. In cases of typhoid fever, in most of the hospitals it is the direction to have the patient bathed each day from head to foot, and, although this might seem to be exhausting and the necessary exposure to be dangerous, yet experience shows that those thus treated are really refreshed by this process. There may be such a thing as too frequent disturbance, but it is a safe rule to bathe and wash and change the patient often enough to secure the most scrupulous neatness. Bathe a portion of the body at a time and drying it with a flannel or coarse towel and light friction of the skin, are pretty good securities against colds.

4. The exclusion of light is sometimes carried on to too great an extent in the sick room. In diseases of the eye, or of the brain, or wherever there is extreme sensibility, a dark room is desirable; but where these do not exist a moderate degree of light prevents gloom, and is less conducive to the dreary wandering which is sometimes increased by

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unnatural twilight; and, besides this, light as well as air is conducive to health. Windows hung with bed quilts, beds with canopy and curtains, doors with list, and all such like preventives of health, are, fortunately, passing away before more correct methods of rendering the sick room pleasant and healthful.

5. Company is too often an unintended nuisance of the sick room. Some have a strange curiosity to see how badly a sick person looks, and even when they know they can be of no use are frequent in their visits and pressing in their desires to view the sick. To many the mere presence of a friend, and still more conversation, or the expression of their countenances, is wearisome and exciting, and I have often been astonished at the injury done, even where at the time the call seemed acceptable. In the dreamy unconsciousness of evening each visitor has proved a ghost, whose shadow haunts the sleeping hour and adds to the restlessness of the fevered brain. Frequently have I seen a patient suffer for hours from a visit or remark, which at the time seemed to be a source of enjoyment. All are grateful for attention, but you will find it to be the almost universal will of the sick not to see any except their attendants or those for whom they make special request. I would never have a friend denied the opportunity of a parting look when it cannot do harm, but when the physician or the nurse think it imprudent to invite you into the sick chamber do not feel that you have been slighted. If you are a true friend you would much rather deny yourself the pleasure than to be the cause of injuring the patient. Do not always conclude the patient is very sick because the doctor excludes company, for, perchance, he does it because he desires that the patient should not become so.

6. Cheerfulness without levity is always desirable on the part of attendants; not that which exhibits itself by an evident effort which the patient will detect, nor by constant conversation, but rather the quiet expression of serenity which studies every comfort and is disposed to make the best of every symptom that a good judgment will permit.

Such are the chief points in respect to the management of the sick room, and every motive, both of faithfulness to the patient and of interest to ourselves, prompt to a careful observance of these suggestions.

Cedar Falls, Iowa.

THE THERAPEUTICS OF DIGITALIS.

By W. T. MARRS, M. D.

For some time I have been taking up by way of clinical investigation a number of our old and familiar drugs, with a view to ascertaining so far as possible their most efficient derivatives, as well as the best mode of their administration, etc. More recently I have from both a clinical and literary standpoint given some attention to digitalis, and I hope a brief recital of my limited research may be of interest to at least a few SUMMARY readers.

Digitalis is one of our oldest and best drugs, but, unfortunately, it is one whose physiological action as ordinarily administered is so often variable. The preparations of digitalis are obtained only from the leaves of the plant (fox-glove) and in the second year of its growth. The tincture and fluid extracts are alcoholic products and are unstable and uncertain of action. Perhaps every physician of some little experience has at some time been mortified to find the physiologic and often toxic effect manifested a day or so after administering digitalis. The so-called cumulative action is usually due to an inferior quality of the drug rather than to idiosyncrasy of the patient.

Digitalin was at one time regarded as the chief active principle of digitalis. It is an amorphous product, insoluble in water, but readily soluble in alcohol. It is no longer official in the pharmacopœias.

Digitoxin, another active principle, is insoluble in water and sparingly soluble in alcohol. It has the most certain action of the active principles. Its great insolubility has until recently caused it to be little used.

Digitalein is soluble in both alcohol and water.

Digitonin is readily soluble in water; sparingly so in alcohol. This principle antagonizes the three first named.

Digitin is an inert product.

Digalen is a newer product, of which I wish to particularize. It is simply a digitoxin made soluble by recent laboratory research. A late volume on therapeutics put out by the Year Book Publishers, of Chicago, gives the following comments regarding digalen:

"This principle from digitalis, also called ***digitoxin soluble***, is described by M. Cloetta, who calls attention to the fact that in digitails leaves gathered at different seasons of the year there is a difference of 300 per cent. in the

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constituent active principles, showing the great variability in potency of the same drug.

"The principle digitoxin seemed to have all the efficacy of the crude drug, but is insoluble in water and produced unpleasant effects and is slow in absorption. After five years' work and experimentation, Cloetta succeeded in isolating a body amorphous in character, but which was identical in its chemical formula with the crystallizable digitoxin, but which is very soluble in water. As put up in Germany this product has received the name of digalen. The single dose is 0.3 mg. —about 16 minims. Double this dose may be given in emergency."

This writer further spoke in commendable terms of digalen, claiming for it stability, certainty of action, exactness of dosage and not nauseating or cumulative. These statements prompted me to test the merits of it, and my results were so gratifying that I have abandoned the galenical preparations altogether. Digalen I find fiives the full effect of digitalis leaves and allows of exact dosage. It may be given per os or enema, or by subcutaneous or intravenous injection. Its results I have found to be very prompt and decisive where the galenical preparations produced only delayed or ineffectual results. The most delicate stomachs retain and absorb it readily. I have given this product a trial with excellent results in cardiac muscular insufficiency, valvular disease, in pneumonia and arteriosclerotic conditions of the aged, as well as in functional neurotic conditions. Subcutaneous injections caused the patients no unusual pain or discomfiture. It should be remembered that for intravenous injection considerably larger doses should be employed. In one case of cardiac collapse in an old nephritic patient an intravenous injection of one dram gave quick and favorable results. Ordinarily, however, when given by the stomach, only a few drops are required where digitalis treatment is indicated. The hypodermic use is often desirable in cases of acute heart weakness due to infectious disases.

The infusion of digitalis was at one time my choice method of administering this drug, but the prompt results obtained from digalen have induced me to discard the former preparation owing to its uncertain and ofttimes tardy action. The ease and elegance of administration of digalen is a strong point in its favor.

Digitalis has a wide range of usefulness. It slows and strengthens the heart beat. It is a good vascular stimulant and its peculiar renal action makes it the ideal diuretic. It is indicated in rapid and feeble cardiac action, low arterial tension, dyspnœa, pulsating jugulars, a dusky face, scanty and high-colored urine and general dropsy. It is one of our best agents in the first stage of pneumonia and many other inflammatory conditions. In the early stage of scarlet fever, when the kidneys go on a strike, it is our best drug.

Where a drug has numerous indications we should try to find a representative of it which is dependable. After my investigations and tests I feel pretty safe in saying that in digalen we have all the virtues of the drug as it were in a nutshell, with objectionable and toxic elements eliminated. Digalen is clean, certain and has an exact dosage. This cannot be said of the other preparations and derivatives I have named.

Jewett, Ill.

CASCARA SAGRADA.

By J. A. BURNETT, M. D.

Cascara sagrada, fluid extract cascara sagrada, aromatic fluid extract cascara sagrada and extract cascara sagrada are official in the U. S. P., 1905. The average dose given by this work of the powder, fluid extract and aromatic fluid extract is fifteen grains or drops and of the extract four grains.

Cascara sagrada and rhamnus purshiana are synonyms, according to the U. S. P., 1905, and the term cascara means cascara sagrada or rhamnus purshiana.

Dr. H. T. Webster, in an article entitled "Cascara Sagrada," March, 1906, *Eclectic Medical Journal*, has the following to say:

"The term 'cascara sagrada' ought to be dropped from every scientific work on materia medica, because it means nothing definite. It is an old Spanish name applied to two or three kinds of bark in California, and means, as I suppose, literally 'sacred bark'; 'sagrada,' sacred 'cascara' bark. I notice that quite a number of writers in our medical journals are 'mixed' on the virtues of cascara in rheumatism. They will always be confused until they are able to clearly discriminate between the different kinds of bark that enter into the various preparations of cascara sagrada. Some cascara is good for rheumatism and some is perfectly worthless in that disease. Why is this so? * * *

"The two principal sources of cascara sa-

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grada bark are rhamnus purshiana and rhamnus Californica. Both are cathartic, but here their therapeutic similitude ends. Rhamnus purshiana possesses no influence in rheumatism whatever, as I have proven time and again in my practice, while rhamnus Californica is the most positive specific we possess, not only in acute and inflammatory rheumatism, but in muscular pain of rheumatic origin. It will be noted here that I believe in rheumatism as a disease, though not that every pain or ache with which humanity is affected is rheumatic."

Of course, in prescribing the cascara preparations it is most important that you make sure of getting a reliable article, as there are worthless fluid extracts, tinctures, etc., on the market of this as well as of other remedies.

Cecil, Ark.

PNEUMONIA.

By R. J. Smith, M. D.

There seems to be no lessening of the struggle between the two factions on this subject of pneumonia, one insisting that "competent members of the profession make no claim to the ability to abort either pneumonia or typhoid fever. The majority of active practicians of experience have proven the falsity of such claims so often, that to make such an assertion of such power is now tantamount to declaring oneself lacking in experience or erudition." (*Medical World*, pp. 106-7, March, 1906.)

The other faction, ever growing in enthusiastic members, boldly and with strong conviction declare that pneumonia is not an entity, is amenable to treatment, and can be aborted or shortened by proper remedies properly applied.

Since, according the worthy editor of the *World*, for whom I have great respect, no competent practician makes such a claim nowadays, and since all who do so claim, expose their inexperience or ignorance, then the great majority of all contributors to the dollar journals are incompetent and inexperienced, on the subject of pneumonia at least.

Pneumonia cannot be aborted! And this is stated as a fact without frills or exception, regardless of the other fact that a fair percentage of all cases of pneumonia do so abort.

In face of our eastern friend's dogmatic assertion, the experience of many practicians, not inexperienced nor lacking in erudition, proves this fact to all those who will open their eyes to the light: pneumonia can be aborted or shortened by medicinal means.

Of what avail to stand with hands in pocket and a "holier than thou" expression, reiterating the fallacy, that every day's experience is growing more false, that we have no means at our command to assist us in our fight against this so fatal disease?

With Dr. J. R. Landers, in February Summary, p. 359, I also believe it advantageous not to allow our reason or our attention to be monopolized by the conspicuous members of the profession, but rather to seek that we may find a way to overcome, to strive that we may conquer this dread malady.

Dr. Landers treats his cases simply, but effectively and successfully—the great test of a treatment. His reference to the selective action of cells, as true of medicinal agents as of food, is founded on good authority. The treatment as outlined in his article is good and safe, and stands the test of experience. Why not try it?

It has been my fortune to see exemplified in the application of the dosimetric treatment this fact—that if, after the treatment had been started early and continued just long enough to produce amelioration of the symptoms, and is stopped suddenly, the symptoms may return in force and may then, under expectant treatment, run through the several stages to resolution. This I have noticed in three cases of late.

One young patient, two years old, had been ill with bronchitis for a week, was exposed to draught, developed lower right lung inflammation, with crepitation, high temperature (104 deg.), pulse-respiration ratio 2½ to 1, (pulse 150, respiration 60), with cough and pain. Defervescent granules were given in divided doses frequently, infants' anodyne for cough and pain. After 24 hours' treatment, on account of sickness, I had to leave the case, but as the symptoms were improved, and child acted better, the treatment was stopped; and in another 24 hours, another physician was called, treated case expectantly for 13 days, with a pseudocrisis on seventh day, true crisis on thirteenth day, left lung lower lobe having become involved.

Two others, one a girl of one year, the other a boy of four years, had similar experiences, all recovered.

These three cases do not prove much to one who wishes to cavil and criticise, but to me, are positive arguments for the contention that pneumonia can be shortened by proper treatment.

Smithfield, Utah.

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Medical Progress

Under this head we endeavor to present a condensed summary of practical medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

THE RADICAL CURE OF DIRECT INGUINAL HERNIA.

Dr. G. G. Davis, in *Annals of Surgery,* says: "Two forms of hernia may be distinguished, one which enters the inguinal canal low down, protruding to the outer side of the rectus muscle and its sheath; the other starting nearer the internal inguinal ring and pushing before it the weakened conjoined tendon. For this latter variety the author practically uses the accepted form of operation—mobilization of the rectus, which is sutured to Poupart's ligament and then reinforced by drawing down the arched fibers of the conjoined tendon.

In the other variety, especially in old herniæ, the coverings of the spherical sac cannot be separated into layers, as these layers have become atrophic and fused. Here Davis makes a transverse incision across all the covering layers and overlaps the tissues, as in the operation for umbilical hernia described by Mayo. The apex of the lower flap is sutured to the posterior surface of the base of the upper flap, which is then drawn down and sutured into place so as to overlap. The peritoneum is usually not separated before performing this maneuver.—*American Journal of Surgery.*

SURGICAL TREATMENT OF GOITER.

Dr. Hardon, in *Journal A. M. A.,* after a consideration of the surgical aspects of goiter, reaches the following conclusion:

1. Every irregular tumor of the thyroid, no matter how small, should be removed, as only by following this line of procedure can we hope to save the lives of those having malignant growths.

2. Every regular tumor of the thyroid causing symptoms other than deformity should be resected, when, after a few months' medical treatment, its growth is not checked, and no improvement is shown.

3. Avoidance of trauma, care of the stump, free drainage and salt solution to keep full blood and lymph vessels, to prevent as far as possible wound absorption.—*Med. Standard.*

FINGER-NAIL DIRT.

"The progress of bacteriology has shown that aseptic surgery means scientific cleanliness; the same lines of investigation show how very dirty people can be. Seventy-eight examinations of the impurities under finger nails were recently made in the bacteriological laboratories of Vienna, and the cultivations thus produced showed thirty-six kinds of micrococci, eighteen bacilli, three sarcinæ, and various varieties; the spores of common mould were very frequently present. The removal of all such impurities is an absolute duty in all who come near a parturient woman or a surgical wound. It is not enough to apply some antiseptic material to the surface of dirt; the impurity must be removed first, the hand antisepticised after. It is sometimes said that the scratch of a nail is poisonous. There is no reason to suspect the nail tissue; it is more likely the germs laid in a wound from a bacterial nest under the nail. Children are very apt to neglect to purify their nails when washing hands; and this matter is not always sufficiently attended to among surgical patients. Personal cleanliness is a part of civic duty, and, as Dr. Abbott well expressed the matter in his address to teachers, should be taught to school children and insisted on in practice. The facts we have recorded might well form the text of a school homily, especially when any epidemic was in the neighborhood."—*British Med. Jour.*

RESEARCHES ON SNAKE AND OTHER POISONS.

M. C. Phisalix is well known for his researches on snake and other poisons. In the case of the toad and viper he has shown that the specific poison accumulates in the ova, and suggests that it plays an important part in development and inheritance. His latest studies relate to the poison of the bee's sting. Bees' eggs, he shows, contain minute quantities of the poison, 475 eggs being required to furnish enough to poison a sparrow. It is a remarkable fact that the unfertilized poison-containing eggs give birth to drones which have no poison.

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THE USE OF DIGITALIS.

In season and out of season we have preached the efficacy of digitalis in the treatment of lobar pneumonia. We use it in as large doses as our judgment dictates for the case in hand, and, after twenty-five years of work, we can say it does do good. We know that it does good by the ensuing relief to respiration, the reduction in the heart beats, the lessened temperature and, very frequently, the recovery by lysis. We have almost forgotten the appearances of the formidable crisis. One example occurring recently in a young lady, somewhat delicate and reduced by work: She was seen on the third day of the disease; temperature, 105.8 degrees; pulse, 120; respiration, 38; consolidation lower lobe of left lung, diffuse bronchitis. Twenty drops of tr. digitalis were administered every three hours, together with 1-40 gr. strych. sulph., which she had been taking. Attention was paid to bowels and the sponging, which had been done, continued. Fourth day, temperature was 103 degrees; rose again to 104 degrees on account of indigestion. Fifth day, 102 degrees; sixth, 98.5 degrees to 100 degrees. This gradual fall was accompanied by a general improvement and sense of well-being. Here we had a gradual decrease in the temperature from the beginning of the comparatively large doses of digitalis, and the terrors of the crisis were altogether absent. This is a common experience, almost the universal experience of those who, like ourselves, administer *enough* of this valuable drug.—*Milwaukee Medical Journal.*

ATROPHIC RHINITIS.

In an article under the above caption, by Dr. W. E. Reily, in a recent issue of the *Clinical Reporter*, the author says:

There are many remedies that are lauded for their palliative effects on the most distressing symptoms of this condition, *i. e.*, the odor, dryness and formation of crusts in the nose; but few of them offer anything more than temporary results. I have tried the oils with various combinations of thymol, menthol, eucalyptol, etc.; also many different aqueous solutions recommended by as many different authors, but have found nothing in the way of a local application which produced so positive and satisfactory results as ichthyol.

After cleansing the nasal cavity as thoroughly as possible with peroxide of hydrogen and either Dobell's or Seiler's solution, in order to remove all of the secretions, I introduce a tampon saturated in a solution of equal parts of ichthyol and glycerin and instruct the patient to remove this at the expiration of one hour. This is repeated every other day and has usually resulted in very prompt relief of all the local symptoms in a very short time.

The discharges become more fluid, the odor disappears and the appearance of the lining of the nose resumes as nearly a normal appearance as the results of the destructive process will allow, and these results seem to be permanent.

Of the internal remedies I have found the iodides of lime, gold, mercury and potash often indicated, also potassium bichromate and arsenic. Cod liver oil is frequently valuable as a food to the general system, and proper hygiene and exercise are invaluable.

CEREBRO-SPINAL MENINGITIS.

Dr. George C. Merriman makes a strong plea for more thorough examination of the spine in cases in children which appear to be pneumonia. He firmly believes that the enormous percentage of mortality in pneumonia among children has been due, in many instances, to unrecognized meningitis. In every case of acute lung involvement in children a careful examination should be made of the spine and neck and eyes. Pressure over the spine and at the base of the skull will bring out the tenderness in the cervical and dorsal regions. Examination of the eyes will sometimes, not always, show some inequality in the pupils, and the presence of photophobia. The finding of these symptoms in a case that appears to be pneumonia will put a totally different complexion on the case, and will change the entire outlining of the treatment. He reports at length a typical case which occurred in a child of six months.—*Med. Record.*

SPEEDY TREATMENT FOR LUMBAGO.

G. H. Kenyon, regarding the usual methods of treating lumbago as uncertain and mostly unsatisfactory, makes known what he claims is a simple, certain and speedy mode of treating this painful affection, which he has used for many years and never known to fail. It consists in the local application of tartarated antimony. This is most easily effected by thoroughly rubbing into the painful part un-

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guentum antimonii tartarati B.P., twice a day until the pustules characteristic of antimony make their appearance. By this time the pain is greatly relieved if not quite gone, and the patient is practically well. Along with this local treatment it is advisable to administer a saline aperient mixture containing sodium salicylate. The number of applications of the ointment required depends greatly on the thoroughness with which it is rubbed in. If this is well done one or two applications are usually sufficient. It is prudent to warn the patient not to continue having the ointment rubbed in longer than necessary to relieve the pain, or after a fair crop of pustules have come out, as this makes the skin unnecessarily sore and ulcerated; also not to let the ointment be used for any other purpose.—*Merck's Archives.*

DISINFECTION OF HANDS.

When the antiseptic method was first introduced it was thought that infection was due to the air, and accordingly a spray was used. It has been recognized that infection is not due so much to the air as it is to the hands of the operator, his assistants, instruments not disinfected, and lastly, dressing. Hence the hands and forearms of all persons engaged in an operation should be in an antiseptic condition.

1. Removal of dirt by means of hot water and soap.
2. Cleansing of finger nails. Cut nails short.
3. Dip into absolute alcohol for one minute.
4. Into hot sublimate solution 1-1000.
5. Cover with an antiseptic towel and keep covered until ready to operate.
6. Put on rubber gloves.—*"Hospital Reports."*

DRESSINGS.

Ordinary cheese cloth makes one of the best dressings for all kinds of wounds. This is also usually bought already prepared. If not, it can be prepared by removing the grease and then boiling it in soap or soda, after which it is rinsed and dried. It may then be soaked in a 1-1000 bichloride solution with twice as much common salt as bichloride. The addition of the salt is to prevent the corrosive sublimate turning into calomel. It is then kept moist or dry in disinfected glass jars. Dressings are usually held in place by means of rolled bandages.—*Detroit Emergency Hospital Reports.*

HOW TO AVOID TUBERCLE.

Dr. Tucker Wise says that to maintain health and ward off an occurrence of the malady the following vital points may be summarized to impress them upon the attention:

1. A generous dietary of nitrogenous food.
2. Free ventilation of dwelling and sleeping rooms by open windows with wire gauze blind.
3. Adequate house heating in winter.
4. Boil all milk or cream previous to use.
5. Try and obtain eight hours' sleep every night; if not sound sleep, contract the hours to seven and rest in the day.
6. If debilitated with weak digestion, take rest in the recumbent position a quarter of an hour before and after meals.
7. Wear the loosest clothing possible, especially around the waist and lower ribs, to afford freedom in respiration.
8. Take systematic exercise daily in the open air on foot.
9. If means and station in life admit of a long holiday from time to time, live during fine weather in a tent in the open air or in a summer house for most of the day; and if unemployed pursue a hobby to occupy the mind.

SYRUP TRIFOLIUM COMPOUND WITH CASCARA.

The superiority of syrup trifolium compound with cascara must be apparent when its composition is noted. Each fluid ounce contains the active constituents of red clover blossoms, 32 grains; lappa, 16 grains; Berberis aquifolium, 16 grains; xanthoxylum, 4 grains; stillingia, 16 grains; phytolacca root, 16 grains; cascara amarga, 16 grains; potassium iodide, 8 grains, and cascara sagrada, 40 grains. The dose is from one to two teaspoonfuls, three times a day.

While it is particularly indicated in the treatment of secondary syphilis, with or without mercury, syrup trifolium compound with cascara commends itself as a general alterative. In skin diseases it evidently stimulates the action of the emunctories, adjusts the balance of waste and repair, and produces marked improvement. Many eruptive diseases are aggravated by constipation, induced by sedentary habits, and in such cases syrup. trifolium compound with cascara P. D. & Co. may be regarded almost as a specific. While regulating the bowels and restoring natural peristalsis, it continues to exercise its alterative effect, which is enhanced by the

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elimination of waste products. In psoriasis and eczema it may be found effective when other measures produce indifferent results.

In strumous cases its favorable effect may be supplemented by combinations of iodide of arsenic, bichloride of mercury, sulphide of calcium, or iron. As it is easily borne by the stomach and pleasant to the taste, it may be taken by children for a long time without giving rise to derangement of the stomach or producing nausea.

It also proves useful as a vehicle for calcium iodide in the acne of adolescents; iodide of mercury in specific ulceration of the fauces; and for the administration of large doses of iodide of potassium in tertiary syphilis. In anemia, chlorosis, amenorrhea, etc., the most favorable results are produced by alterating it with some iron preparation.

MEDICAL CHIPS OF PRACTICAL VALUE.

Remember that a decoction of chestnut leaves is useful in the treatment of whooping cough, but an alcoholic extract is practically useless.

Dr. Bloodgood says that morphine, hypodermically in small doses, is the most useful drug in traumatic and post-operative shock. It exhibits the afferent depressing effect of continuous pain and discomfort.

Bromides and iodides with acid decompose, and bromine or iodine is set free. Spts. ether nit. acts in this way, but not if previously neutralized with an alkali.

In epileptoid vertigo enforce mental tranquility and physical rest, give nitroglycerin and sometimes a bromide three times daily after food.

Dr. Allen Greenwood urges the importance of considering eye strain as an important factor in all children who are backward in their studies. He has recently shown that the majority of feeble-minded children have marked errors of refraction, and this is true to a less degree of backward children.

Dr. W. H. Kilburn calls attention to the production of scoliosis by eye strain through the unnatural position which the child assumes while reading or writing. Eye strain and scoliosis act and react upon each other. It is only by correcting both that the patient can be materially helped.—*Bost. Med. and Surg. Journal.*

Hemorrhage from small intestine.—Dr. Hare says this accident is best combated by taking small pieces of ice by the mouth, and by the use of Monsel's salt (subsulphate of iron), three grains every half hour or oftener in pills hard enough to reach intestine without decomposition. Tannic acid in large amount may be given in solution or pill form if Monsel's salt is not obtainable.

Fatty degeneration of heart.—Dr. N. S. Davis, Jr., recommends iron, quinine and strychnine as general tonics; digitalis, strophantus, caffeine temporarily to strengthen beats and restore equilibrium; respiratory gymnastics; good nutrition and gentle exercise without fatigue or exhaustion; lessened fluids, diminished carbohydrates and exclusion of alcoholics; diffusible stimulants, like ammonia and camphor, in later stages.

Heart weakness of acute infections.—Caffeine, says Dr. Butler, is an efficient remedy. Dr. Patton prescribes tinct. digitalis, ♏ viii and tinct strophanthus, ♏ vi, every three hours; or sparteine sulphate gr. ¼ and caffeine gr. ii every two to four hours; or 1-20 grain strychnine in an ounce of whiskey every two to four hours. Cactus is recommended for cardiac weakness following typhoid.

Children should be warmly and suitably clad, not overburdened with clothing, and carefully guarded against exposure to chill, or to rapid and great changes of temperature. Exposures on raw, cold, windy days must be guarded against, especially with very young children. At the same time abundant, healthful exercise in the open air, well ventilated apartments for day and night, and carefully ordered diet are most essential. In those children exhibiting a predisposition to scrofula or rickets the general nutrition must be looked after.

Owing to the tenacious sequels of gonorrheal infection, and the metastasis resulting therefrom, it is the opinion of many physicians, that when one once has the disease, is never entirely eradicated, and that it is attended with greater fatality than syphilis.

Calendula is highly esteemed by many physicians as a dressing for burns. The burns are dressed by applying muslin cloth saturated with a dilution of the drug. The cloth should be kept constantly wet with the dilution, and the dressing renewed night and morning.

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Notes and Queries.

FOR this department we cordially invite questions, comments and criticisms on all topics of interest to the physician in his daily work for the relief of the sick, thus making the Summary a valuable medium for intercommunication between the medical profession.

Correspondents will give their names and addresses, but initials only will be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

TUBERCULOSIS—QUERY AND REPLY.

Editor Medical Summary:

I thank you very much for the answer and suggestions to my recent query, and here I come with another.

I have a patient, a young man of 21 years, who is in the incipient stage of consumption and whom I have advised to go out to Colorado in the interest of his health. He had about a dozen hemorrhages some twelve months ago, the first intimation that there was anything wrong with his lung. He was taken to a prominent physician in Baltimore, who examined him and treated him at his home. A later examination by him revealed the fact that the lung had healed. He has had no hemorrhage since then, although he has lost flesh and is quite pale. He is able to go around everywhere, but is easily tired. He lives about 40 miles from this place, and I was asked to see him. His temperature ranges from 99½ to 101 deg., so I am told. I remained over night, taking the temperature night and morning. The evening temperature was 99½ and morning, normal, though the pulse was a little excited. The middle left lobe is one involved about the center and size of a 25-cent piece. Moist rales is all that can be heard. There is no cough and no night-sweats. His appetite is poor and he sleeps with all the windows up and no fire in room. The climate is raw and damp, as our Eastern climate is. Do you think he has any chance if he goes away now. To whom and to what point in Colorado do you advise going? His people are all living, and not one ever died of tuberculosis. I want to send him to a good place and to a reputable physician, who will do his best for him.

B. RAY BROWNING, M. D.

Littleton, N. C.

[Inasmuch as you have already so strongly advised your patient to go West that his departure is imminent, we will not have much to say regarding his immediate case, as it is too late; but when another case presents, we hope you will remember the gist of the editorial in the March SUMMARY. It is not possible to assign, with any definiteness, a patient to any particular location in the West. The locality which is suited to one individual is unsuited to another patient seemingly with the same symptomatology. Elevation, temperature, and freedom from dampness and dust are the essentials. Then, too, it is well to try and get them to locate somewhere out of the frequented resorts, where they will not be depressed by seeing many unfortunates in the last stages. Any of the Western medical journals could refer you to competent men in any locality, or a letter to the Secretary of the County Medical Society would insure your patient finding a good medical adviser.—ED.]

THE LATE DR. BRODNAX.

Editor Medical Summary:

We are informed by the family of the late Dr. Ben. H. Brodnax, of Brodnax, Louisiana, that the doctor left nothing whatever to his family, excepting the house and a small farm. His son is seeking to support his family by cultivating the farm, but is in need of funds for stock, farming utensils, etc. It would be a kindly act for those who appreciate the unselfish work done by Dr. Brodnax to think of this: Suppose we each, out of our surplus, send a dollar to young Brodnax. The aggregate will be, we trust, enough to relieve the family from the embarrassment in which they are placed by the death of their bread-winner. The son's address is, Louis Brodnax, Brodnax, Louisiana. I shall send my dollar, not as a charity, but because I have received at least that much entertainment and edification from Dr. Brodnax's writings.

This suggestion is spontaneous, and I need hardly say has been taken without the knowledge of Dr. Brodnax's family, who might misunderstand its meaning.

W. F. WAUGH, M. D.

Chicago, Ill.

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"DIET IN TYPHOID"—COMMENTS, ETC.

Editor Medical Summary:

Readers of the article by Dr. G. A. Davis in THE SUMMARY, page 376, February issue, *in re* "Diet in Typhoid," may be interested to know what Prof. H. R. M. Landis, M. D., in December, 1905, volume of *Progressive Medicine*, has to say on this subject, which is as follows: Having reference to Nichols, he says: "From a study of the literature, he finds that no one who has used a varied dietary in the management of typhoid fever condemns it and that all are agreed that it in *no way* increases the tendency to hemorrhage, perforation, tympanites, diarrhea or relapse," and "from a personal experience with a more or less liberal diet in typhoid fever and from a review of the papers of others who have used similar methods Nichols states that the results yielded have been highly satisfactory and most gratifying;" and, what seems an important point to me, "the patient's strength, nutriton and general condition seemed to be better maintained." *Progressive Medicine* says: "As a result of his experience with a more liberal diet, Dr. Hare has seen very little of the marked ataxia common in the convalescent period of typhoid fever, and, furthermore, the nutrition is so well preserved that in many cases emaciation is no more marked than in many cases of croupous pneumonia." I have advocated a more liberal diet for nearly or quite twenty years, and my experience has been in effect to substantiate the experience of Hare as quoted. Hare further says: "Secondary complications, such as furuncles and bed sores, are extremely rare, as the vital resistance is maintained so well that simultaneous collateral infections do not take place." My experience also bears out this statement. Johnston found that with a liberal diet cases were less toxic and made a quicker convalescence. Thompson believes that a milk diet not only protracts the convalescent period, but by impoverishing the nutriton renders the patient far more susceptible to complications. I will not now enter into any details, but will say my contention has long been for a more liberal diet. And my practice has even exceeded in liberality anything herein mentioned. I must say that, in truth, I have never had reason to regret breaking away from an exclusive milk or liquid diet. However, it must be remembered that I believe in a proper beginning and in obtaining intestinal antisepsis and maintaining it, to do which I have relied on the sulphocarbolates of lime, soda and zinc, either one or combined, as seemed essential to the case in hand. And if you say certain foods in the intestinal tract furnish the best culture medium for bacteria development, I will answer that if we clean the tract as well as may be that the use of the sulphocarbolates with their antiseptic, disinfectant, purifying capabilities at work constantly in the bowels precludes the probability, if not the possibility, of the saprophytes or other invading deliterious bacteria or bacilli gaining ground. With nutrition well kept up the phagocytic power is more adequate. However, the exhibition of nuclein to reinforce the leucocytes will materially assist in restoring competent phagocytic activity and efficiency.

In this connection I may speak of the "Severe Diarrhea in Typhoid Fever," under "Med. Chips." Under intestinal antisepsis maintained by the sulphocarbolates in diarrhea the zinc salt should be used. Severe, enfeebling diarrheas have not occurred in my practice. With saline laxative to flush out the bowels, allowing no overdue residium or excreta to remain, with sulphocarbolates at work, I have seen no reason to feel that stubborn, exhausting diarrheas can supervene. Regarding "The Disuse of Veratrum Viride," by Dr. S. D. Hardison, to which attention is called on page 370 of February issue, we will say there may be a disuse of veratrum viride itself, but we are using veratrum more and more, and we feel sure if the doctor will use it he will be pleased, to say the least. *In re* "Chronic Constipation in Children," it has seemed to me if we are able to closely differentiate, supply the deficiency or fit the necessity, the condition is more remediable than in adolescents or adults. In one very stubborn case of a baby 18 months old that had been the rounds without benefit. Waugh's anticonstipation granules, alkaloidal formula, gave signal service and readily brought about a satisfactory and complete cure in less than three months. The child at the time had been the rounds, as mentioned, and it could not and did not have an evacuation except from soap and water enema. I put it on a fractional part and a granule before nursing (in solution which is pretty fiery). In less than a week he began to have a natural movement without other help. After continuing a week or more gradual reduction was made, and by the end of six weeks medicine was discontinued and the cure was permanent.

In regard to the sulphocarbolates, I would

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say to all brother practitioners that if you are not absolutely sure of the reliability of your source of supply it will be to your advantage to make an effort in that direction. They are not only frequently adulterated with inert or deleterious material, but sometimes are found in no wise true to name. But the pure articles can be had; so insist that they be supplied. This is paramount in importance.

J. R. LANDERS, M. D.

Bernadotte, Ill.

SOME OF THE "LITTLE THINGS" PICKED UP.

Editor Medical Summary:

When I was at college once in a while we would get the professor (especially of anatomy) to give us "practical talks." He being a good-natured man, would humor us and give us pointers on some of the "little things" that would help us when we began practice. It is well enough to be scientific and it is a good thing to know the pathology, histology and embryology, but the busy practitioner, especially in country practice, has not the time for things of that kind, so he comes right down to the treatment. So, perhaps, some of the "little things" I have picked up may be of benefit. I use a great deal of the compound tincture of myrrh, also known as No. 6, or hot drops. It is made by adding one pound of powdered gum myrrh and two ounces of powdered capsicum to one gallon of alcohol. A dram of this in glycerin q. s. ℥j, makes the finest lotion for sore nose, chapped lips and hands, sore nipples, caked breast, and the like. Half a teaspoonful in a cup of hot water will at once stop colic and cramps; also fine in diarrhea; nothing better for colic in horses; better than all the aconite and laudanum in the world. Dose for horse is three times that for man. Dose for dog, same as for man.

Your lady patients are constantly buying face lotions. Why don't you give them something? The following will do better than all the face creams or lotions in existence, yet won't injure the face or clog the skin:

℞ Aqua rosæ ..... O j
Glycerin ..... ℥ij
Alcohol ..... ℥j
Salicylic acid ..... gr. iij
Gum tragacanth 3j

Dissolve gum in rose water for two days, then add the rest. May be colored by tincture red saunders.

Every doctor uses Listerine. Here is something on that order that can be made very cheaply. As good as the best, excepting Listerine, and better than some:

℞ Oil eucalyptus,
Oil Gaultheria .....āā gtts.x
Menthol,
Thymol .....āā gr. x
Boracic acid ..... ℥ss
Alcohol ..... ℥ivss
Glycerin ..... ℥ss
Aqua .....q. s. O vj

Dissolve 1, 2, 3, 4 and 5 in alcohol and glycerin, then filter.

CHAS. M. COLLINS, M. D.

Marquoketa, Iowa.

PNEUMONIA.

Editor Medical Summary:

If blisters do good in pneumonia, in what way are results accomplished? I want every reader to fully bear in mind the gross anatomy of man in this connection.

The silicate compounds, in my judgment, are equally as useless, likewise hot fomentations. No cures are affected by the above.

Pneumonia is a self-limited disease and, in my opinion, runs its course irrespective of any medication whatever given by us at present.

To support the patient, eliminate as far as possible and meet conditions in a general bland way, is all that we are able of accomplishing in this year of grace.

LUCIEN LOFTON, M. D.

Belfield, Va.

"PILOCARPINE FOR JAUNDICE"—REPLY.

Editor Medical Summary:

I have a copy of your February SUMMARY, in which you say, on page 384, "pilocarpine is a specific for jaundice." Will you kindly tell me in what form and how it should be given, etc.? I have a case of jaundice in a man 64 years old that has resisted treatment with sodium phosphate, calomel, chinanthus and various other remedies for five months, and would be glad to get hold of something to give relief. Hoping to hear from you at your earliest convenience and thanking you in advance,

L. C. LAYCOCK, M. D.

Alexandria, Ohio.

(THE SUMMARY "Gleanings" are sugges-

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tions culled from current medical literature, and are not original with the editor. Often they are quoted in the exact words of the original writer. We aim, in this department, to give brief hints of "new and novel" things which happen in medical advancement. We do not, however, presume to stand sponsor for items appearing in this department to the degree to which we would go in support of an editorial utterance. At times, in the nature of the case we print suggestions which we have not verified in our personal practice, and at other times we may print items which are in opposition to our beliefs and convictions, but which, because of the high authority from which they come, are nevertheless well entitled to circulation among the profession.

We would hardly, editorially, declare pilocarpine a "specific for jaundice," yet the drug has many powers which might prove useful in jaundice. It has considerable influence in inducing leucocytosis, and it is a powerful glandular stimulant. It is an efficient aid to those drugs employed in the removal of inflammatory exudates and in the absorption of effusions, and hence, in jaundice of the catarrhal form, it would be rightly indicated. Caution must be exercised, however, to avoid its use in all cases which manifest cardiac weakness or great depression.—Ed.)

"MONGOLIAN EXCLUSION"—REPLY.

Editor Medical Summary:

Dr. C. E. Boynton's view of the Chinese problem, in the February issue of THE SUMMARY, is correct; however, the question should be looked upon from another standpoint also.

Exclusion of the Chinese by our government has already created much mischief and endangered the lives of Americans in China. That government is contemplating the enactment of exclusion laws against our people.

Eminent lawyers are of the opinion that our exclusion laws, head-money taxes are beyond doubt unconstitutional, because they are unjust and detrimental to trade. If we must exclude *one* race *all* should be excluded; but this would not please our Irish fellow citizens, who have found America a bonanza and our people easy marks. To exclude the Irish, German or Frenchman would be unjust, unfair, unconstitutional, and lead to resentment on the part of all these countries.

Dr. Boynton says the Chinese work cheaper than the native with a wife and six children, but he forgets the low wages paid the negro and Italian. The Chinese in our large cities do not disturb the peace, are industrious and have few, if any, children to be educated at the public expense; you do not see them in our hospitals and prisons. If they work *cheaper* than the native it is their right to do so. A man has a perfect right to sell his labor for any price, or give it away if he pleases. Our profession has been *ruined* by hospital and other doctors who work cheap, but we have no redress. Cheap doctors have their rights, the same as other people, and if we want others to respect our rights we must respect theirs. Unskilled labor will be cheap just as long as the worker is ignorant of our customs and does not protect himself. The labor problem is based upon the economic law of supply and demand. In California oranges are selling for seven cents a dozen, and good wine can be bought in Los Angeles at fifty cents a gallon. Why? Because wine and oranges are plentiful there. In Kansas last year (1905) the farmer could not get labor enough to harvest his crops and agents were sent to New York and inducements offered many here to go there without avail.

If the American suffers from Chinese cheap labor, let him do one thing or another, either go down (?) to its level or raise the Chinaman to his. We should be humane or nothing.

FIAT JUSTICA.

In a local paper a letter appears in which the writer complains of the treatment of Chinese students and travelers who come to America.

I will not ask Dr. Boynton to read the entire letter, but the extract appended:

"May I be permitted to ask what would be the feelings of an American gentleman if he were thus detained by a Chinese immigration official at a Chinese port, because he is an American, and the rest of his fellow-passengers allowed to land? It is likely that such interference with the liberty of that American gentleman would be made an international question, and Washington might demand reparation from Peking in behalf of the injured citizen.

"Can China make an effective demand on Washington on behalf of a Chinese gentleman who was unlawfully detained and otherwise insulted by our immigration officials? The question need not be answered now, but I can safely say that if China to-day had at her command an up-to-date navy, an entirely different aspect of affairs would exist, and

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the exclusion law would be a thing of the past. The Chinese navy is coming.

"Many Chinese students who have come to study in your universities and colleges have been subjected to the most disgraceful treatment at the hands of the immigration officials. It is natural that they write home and tell their parents and relatives of the manner in which they were received in the land of the free. Is it a matter of wonder that the Chinese people grow suspicious of and show dislike for Americans?"

It is signed by Lawrence K. Kentwell, who says that his mother was a Chinese woman.

This question of exclusion will have to be met by diplomatic agents. It is an important one. We should remember that we may be treated by China in the same way that we treat her. If we wish to keep her trade, we must extend to her fair play.

LUIGI G. DOANE, M. D.

New York.

SOME HINTS TO PHYSICIANS WORTH READING AND REMEMBERING.

Editor Medical Summary:

Noticing ex-Governor Hogg's death in this morning's *Chronicle* of Houston, Texas, reminds me of the shake-up he received several months ago, and I am of the opinion that those jerks and shake-ups we get while on trains are the primary cause, or the exciting cause, of more troubles than we might think from a casual glance. My wife, last July, attended an entertainment given at a station on the G. C. and S. F. Railroad, at Plantersville, Texas, twelve miles from my town, and had to stand up all this distance—twelve miles—on account of too many people, for the number of coaches furnished by the railroad company and she got several severe jerks en route and quite a severe bruise on one of her hips. That evening we returned home, and she complained all night and the next day. About 2 o'clock, while I was in the garden, she raised the kitchen window and called me. I went in, and hardly recognized her. She was in a congested-chill state and almost black and almost frozen, while I was perspiring, as it was in July, and right after our dinner and fire still in the stove. Now all this congestion, in my mind, came from the shake-up and injury. It was evidently the exciting cause and developed itself some twelve or fourteen hours after the injury was sustained.

I have been treating a man that sustained an injury to the cervical spinal region by a base-ball striking him on the neck while riding off on a horse. It developed in the form of spasmodic spells, like epilepsy. I never received any benefit from my treatment until I applied a local absorbent on the lesion on cervical portion of spine, where there seemed to be the most pain, and the true lesion of the trouble. With this local application and also internal absorbents and anti-spasmodics I have been master of the situation, and it has been some six months since he had an epileptic attack. The diet carefully regulated, stimulating, but nutritious and easily digestible, has a great deal to do in the amelioration of these nervous troubles. While we can check these nervous troubles caused by a jar or injury, there is likely to be afterwards a recurrence in after years, and when the lelapse comes it comes with force, and sudden is its work, as in Governor Hogg's case.

In cancers I have almost always been able to trace them to some external injury or blow. Schoolboys often pound one another on the back, unexpected to the one that gets the blow, and often on the spine between the shoulder blades or scapulas, and later on in life they will have a chronic cough or kidney trouble of a serious type.

Several such cases have come under my own observation, and in all such cases a predisposed or preventive treatment should be looked after to the welfare of the case, but we too often look to the immediate and present cause and not the earlier causes.

One case I knew that was twelve years developing and another eighteen years. As an absorbent to relieve pain and swelling thujol, iodine and witch hazel and tobacco leaves as the vehicle makes a good local application. while the brown iodide of calcium and acetate of potassium, lithia and ergot as an internal remedy, given alternately, well diluted with water, will carry off by the kidney the excess of fibrous substance accumulated in the system and strengthen the relaxed blood capillaries. Iron (ferrocyanide) is also indicated. I believe I have prevented the development of many a cancer during the last eighteen years by the timely use of preventive treatment. Several cases that I have in mind which I could make of interest if I had the time and be allowed space, since I commenced the special study of cancer and chronic diseases, a preventive is, in my opinion, better than a cure.

W. W. PUGH, M. D.

Montgomery, Texas.

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CORNS.

Editor Medical Summary:

Corn, clavius, leichdorn, huhnerauge, is a circumscribed callosity usually found upon the toes, caused by epidermal hypertrophy, provided with a conical plug of horny tissue beneath, which is projected into a corresponding depression in the corium, the base outward and the apex inward. We have hard and soft corns, the latter differing only in that they are located where they are kept soft and moist by sweat and retained secretions. They are thus found almost exclusively in the interdigitary places between the toes. Treatment consists, first, in prevention. This requires the wearing of shoes constructed anatomically correct. High-heeled shoes throw the weight of the body on the toes and thus cause corns. They are also frequently found from the same reasons in talipes equinus. Corns can be removed by extirpation or paring with the knife and the application of medicinal agents to soften and facilitate their decortication. Hard corns and callosities may be softened by repeated and prolonged hot baths followed by a thick plaster of potash soap spread over a piece of flannel, which is allowed to remain over night. In paring corns care should be taken not to injure the papillary layers and cause a bleeding surface, thereby endangering infection. Soft corns require frequent bathing with hot water and soft soap, after which they are easily excised. They can be dusted with astringent and antiseptic powders, as zinc oxide, iodoform and salicylic acid, and absorbent cotton should be left in the interdigitary spaces. Corns, fractures, sprained and rheumatic joints were in successful operation long before the weather bureau.

'Ere Forecaster Bassler came the stinging corn,
Foretelling without blunder the coming of the storm.

Following are a number of excellent prescriptions for corns:

Collodion salicylat. compound N. F. consists of:

℞ Acid salicylat. 3iij
Ext. cannabis ind..... gr. xxx
Alcohol 3iiss
Collodion flex. .....ad. 3iiiss
M. Sig.—Apply every night.

℞ Acid salicylat. 3iij
Sod. biborate 3j
Cretæ preparatæ 3ij
M. Sig.—Dust in shoes and socks for corns and sweating feet.

Gancher recommends:

℞ Resorcin ..... gr. xxx
Acid salicylat. ..... gr. xxx
Acid lactic ..... gr. xxx
Collodion, flex. 3j
M. Sig.—Apply locally for four or five nights.

℞ Acid salicylat. 3iiss
Ext. cannabis ind. ..... gr. xv
Ol. terebinth. ..... gr. lxxv
Acidi. acetic glacole ..... gr. ss
Cocaine 3ss
Collodion .....q. s. ad. 3iiiss
M. Sig.—Apply nightly.

For those preferring an ointment:

℞ Acid salicylat. 3ss
Resini 3j
Adipis 3ij
Ol. amygdal dulcis 3j
M. Ft. ung. Sig.—Apply nightly.

VIGIER'S COLLODION.

℞ Acid salicylat. ..... gr. xv
Ext. cannabis ind. .... gr. viiss
Alcohol, absolute ..... gr. xv
Ætheris fort. ..... gr. xxxvii
Collodion flex. ..... gr. lxxv
M. Sig.—Apply nightly till corn comes out.

℞ Acid salicylat. ..... gr. x
Acid lactic. ..... gr. x
Ext. cannabis ind. 3ij
Collodion 3ij
M. Sig.—Apply externally.

℞ Acid lactic. 3j
Acid salicylic 3j
Collodion 3j
M. Sig.—Apply.

℞ Acid salicylat. 3j
Ext.. cannabis ind..... gr.x
Collodion 3j
M. Sig.—Apply locally.

℞ Collodion flex. 3j
Ext. cannabis ind .. 3ij
Morph. sulph. ..... gr. ij
Acid salicylat. ..... gr. xxx
M. Sig.—Paint every night, then soak, and lift out corn.

E. S. McKee, M. D.
10 North 7th St., Cincinnati, Ohio.

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DYSPEPSIA.

Editor Medical Summary:

Any disturbance which interferes with the normal action of the stomach and intestines may give rise to one of the many forms of "indigestion." Food is digested in the stomach during the day and in the intestines during the night. According to the anatomical distribution of the disturbance we may have gastric or intestinal indigestion or a combination of both forms at the same time. Normally, gastric digestion occupies from two to four hours, the process consisting of the exposure of the food stuffs to the solvent and convertive powers of the gastric juice. The process of healthy digestion is easy, quick and complete. There can be no excess of its action, for food can not be too easily, quickly and too completely converted into chyme and chyle, whereas indigestion is painfully slow, and at the same time defective and deficient. It may be painful in many degrees, from that of slight discomfort to actual torture; digestion may be slow, when the stomach or intestines fail to digest in the ordinary length of time, and is followed by chemical decomposition and fermentation; defective, when not only are the products of digestion altered or decomposed, but there are newly formed products which are distinctly toxic in their effects, and are the causative factors of innumerable symptoms referred to other viscera.

Causes.—Indigestion may be a direct follower of irregularity in eating, considered from the points of time, quality and quantity; imperfect mastication; too free use of fluids while eating, excessive use of condiments, alcohol, tobacco; want of bodily exercise; undue mental stress and worry are all possible factors to be looked for in each case under observation. Among the diseases of other viscera, in disturbances of the liver, spleen, pancreas, kidneys, heart, lungs, uterus and the anæmias, symptomatic dyspepsia is commonly present; likewise the converse may be true.

Symptoms.—Loss of appetite, pain or feeling of weight and fullness in the epigastrium after eating, flatulence, acidity, eructations, pyrosis, nausea and vomiting, with constipation or diarrhea, are the usual symptoms described by the patient. Headache, bad taste in the mouth, foul breath, associated with a furred tongue are associated frequently with a feeling of languor and pains in the back and loins. In more advanced cases there is often shortness of breath, palpitation, pain in the chest and cough with muco-purulent expectoration.

A glance at the physiology of digestion will help one to realize more thoroughly the dyspeptic's condition. A healthy stomach contains no gastric juice, except when food is taken; the presence of which excites the flow of the secretion in the required quantity. The powers by which this secretion is called into existence points towards the practical solution of the problems in the treatment of the malady.

The impression made by the food upon the organs of taste and upon the surface of the stomach mucous membrane is first transmitted to the nerve centers, thence to the secreting glands which elaborate the gastric juice. If the stomach is in a healthy state and the nervous centers are not at fault (e. g., the gastric crises of tabes), the quantity of gastric juice eliminated will be just sufficient for healthy digestion. If either organ be the seat of actual disease or the function be impaired, the secretion may be either deficient or in excess. Upon the normal performance of function of the stomach are dependent the functions of all the other viscera as well as their condition of health. The ultimate relation between the stomach and the other viscera renders disease of the latter an important consideration.

Treatment.—In the treatment of every form of dyspepsia the diet should first be regulated, allowing only nutritious and easily digested foods. New bread, tough or salted meats, alcoholic beverages, tea, coffee and other hot drinks (except water), should be interdicted. Fatigue and other forms of nervous exhaustion should be avoided and moderate exercise in the open air should be prescribed. Of great importance is the regulation of the daily habits of life; eating, sleeping, bathing, and evacuation of the bowels. The urine should invariably be examined chemically and microscopically; phosphaturia and oxaluria indicate faulty elimination. From the medicinal standpoint, the treatment will vary according to the individual symptoms presented in each case.

Nearly every case will require tonic and stimulating remedies; of these the writer has found strychnine arsenate and quassin to be the most reliable agents, in the dose of 1-134 of strychnine and 1-12 gr. of quassin, given before meals. A morning dose of saline laxative should be given on an empty stom-

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ach. If there is evidence of deficiency in the quantity of gastric juice, five drops of dilute hydrochloric acid and a granule of papayotin gr. 1-6 may be given after meals. The latter a ferment derived from the paw-paw, is obtainable in granules from the Abbot Alkaloidal Co., of Chicago.

W. C. BUCKLEY, M. D.

1705 N. 15th St., Philadelphia, Pa.

SKIN DISEASE—QUERY.

Editor Medical Summary:

There has been a skin disease in this locality for about a year. It seems to be both epidemic and contagious, and will run a course and get well in three or four months. It resembles itch very much, as it itches especially when the patient gets in bed and gets warm. As a rule, it is worse where the skin is naked. At least, last summer it would be worse on children who went barefooted, on the feet and legs and on the face and hands. It makes sores of considerable size, but often there is only small itching pimple, with rough skin with a little scab occasionally. I have used various remedies for this skin disease, and have not found a remedy that will cure it at all. It is an easy matter to cure the sores by painting them with nitrate of silver solution, dusting calomel on them or zinc oxide, but new ones keep coming, and in fact the old sores get well themselves and new ones keep coming. Where there are pimples, rough skin, etc., without much sores, I find a solution of bichloride of mercury gives the best results; but this is only temporarily. A few cases can be cured with the above remedies, but not many. I have cured a few cases with zenoleum, but have found it to be of little value in the majority of cases. Have used Fowler's solution, iron, calcium sulphide, berberris aquifolium, cinnicifuga (the small pox remedy), echinacea (the great blood purifier), and various other remedies, and could not see that any internal remedy ever had any effect at all. I have been thinking of using potassium iodide and bichloride of mercury for it. I would like for the editor of THE SUMMARY or some of the readers to tell me what this skin disease is, and what will cure it. You need not mention sulphur and lead acetate, as I have given them a thorough trial, as well as phytolacca and aromatic sulphuric acid. They will not do the work. I hope to hear from the readers of THE SUMMARY.

J. A. BURNETT, M. D.

Cecil, Arkansas.

SPRAINED ANKLE, CLIMATE, ETC. GONORRHEA.

Editor Medical Summary:

As between a simple fracture and this painful injury, surgeons claim the former to be less dangerous.

Torn tissues and fascia and ligaments cause great pain, and are not trivial.

As to treatment; hot water to allay inflammation and external support, by means of the Esmarch rubber bandage, about fills the bill.

These injuries are often tedious, and I have known them to last ten weeks and have found that after recovery, the ankle often slips out again. In women the corset shoe affords great relief.

To summarize.—Use hot water one or two times a day, and after pain and inflammation have subsided, apply the rubber bandage, but do not roll *too tight*.

You will be surprised at the relief this treatment will afford your patient.

Sprains and dislocations are often alike, one being more severe than the other and consequently more difficult to treat.

There is no country on the face of God's footstool free from objections or perfect as to climate, consequently any particular locality will not answer for *every* patient having consumption. Constitutions vary; for one man will thrive in Greenland and another perish. One patient suffering with tuberculosis will prosper and grow strong in Los Angeles and another contract rheumatism there during the rainy season.

A few patients will endure dry cold, and many others die from it. It is not so much a question of temperature, but one of *pure air*. Extreme cold or heated airs may be impure airs.

The object of education ought not to be the cramming of facts into the brain, far from it; we are taught Latin, Greek and Mathematics, because they train the memory and reason.

The human brain is like a field which is prepared by the farmer and cultivated; it produces, as a result, good crops. Facts or presumed facts can be acquired from books, but reasoning is the result of discipline. The man who makes people think is a greater benefactor than one who is a good quiz master. Doctors are, as a rule, good reasoners.

The existence of a discharge from the urethra is not evidence of gonorrhea, which

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is nothing more or less than a local catarrh of septic origin.

If we wish to make an exact diagnosis we should call in the microscope to our aid.

All catarrh is treated on general principles, and is often constitutional with local symptoms. Cleanliness of the organs, attention to the bowels, and diuretics are required *always.*

Urethritis is often caused by the passage through the urethra of calculi or irritating fluids. Many cases of urethritis are made chronic by injections, which carry the disease to the sound and healthy tissues of the bladder and excite cystitis; they also make stricture a possible thing. No *progressive* man uses them, they are injurious, if not dangerous.

Germs of all kinds thrive in dirt and filth, increase and multiply in unclean tissues and membranes. Some generate or carry nitrogen and are beneficial as well as detrimental, just like medicines.

No one disputes this fact, they can be driven out if not nourished; filth and dirt is the food they feed upon beyond question.

The Legislature of the State of New York has just enacted a statute regulating the practice of medicine. Hereafter there will be but *one* State board of examiners, and physicians passing this board will be entitled to practice in any portion of the State.

Physicians and others will be asked questions upon anatomy, obstetrics, chemistry and the other branches of medicine; the State will endeavor to make the examination *practical* and not *technical.* General proficiency, and not technical knowledge, will be required. A man readily *forgets* technicalities and may still be an excellent physician. Memory is a treacherous thing, *reason* the highest power of the brain. We forget much, but our reason seldom forsakes us, unless we become demented.

LUIGI GALVANI DOANE, M. D.
352 W. 28th Street, New York.

MORE ABOUT TONSILLITIS.

Editor Medical Summary:

Some excellent formulas, especially for gargles, appear in THE SUMMARY for March. Dr. R. M. Niles is quoted as saying: "Gargling, when efficaciously done, is superior to spraying;" which I will paraphrase by saying: Spraying, *when efficaciously done,* is superior to gargling.

I admit that a hot alkaline gargle is useful by soothing and cleansing the throat, but it cannot be as efficacious as a spray properly used. The gargle fluid can scarcely be thrown over the surface of the tonsils, especially where they are swollen, and the force is not sufficient to dislodge the exudation.

The spraying can be best done at the office if one has compressed air and a set of spray tubes. Peroxide of hydrogen, alkaline solvents and strong germicides, should be thoroughly sprayed over the tonsils and *into the crypts,* with a pressure of five to ten pounds. When the patient is seen at the home, this treatment must be imitated as well as possible. A hand atomizer with curved tip and several bottles for solutions answers well. I have also used a small curved tip syringe, a medicine dropper, and cotton-tipped curved probes.

If the openings are not large enough to admit any of these the thorough swabbing of the surface of the tonsils is sufficient. The cotton-tipped applicator should be pressed firmly against the tonsils to remove as much from the crypts as possible by that means. To one who has never done this the results will often be a revelation.

No good surgeon would neglect a sore on the surface of the body, as spongy tonsils are neglected by the general practitioner. The patient is markedly relieved by the thorough cleansing of the tonsils. With due deference to my neighbor, Dr. Niles, I beg to differ with him as to the comparative efficacy of gargling and spraying the tonsils.

H. W. CHAMPLIN, M. D.
Bloomsburg, Pa.

THE LOCAL USE OF METHYLENE BLUE IN GONORRHEA OF THE FEMALE.

Editor Medical Summary:

The internal use of methylene blue in gonorrhea is of several years' duration, but I do not remember to have ever noticed anything concerning its local use in such cases.

I begin my treatment by thoroughly cleansing the vagina, cervix uteri and meatus urinarius. For this purpose nothing is better than a solution of formaldehyde in water, 3j to the quart of water. All parts should be well swabbed, taking great care that no folds are left uncared for. I then apply a solution of silver nitrate, 3j to 3j to every portion within reach, and upon this I apply the solution of methylene blue, using the following formula:

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℞ Methylene blue 5j
Alcohol 5j
Aqua dist. .....q. s. ℥ij

With a cotton wrapped applicator, I carry this well into the cervix and paint the entire vagina and labia minora, and with a small probe, well wrapped with cotton, introduce some of the solution into the meatus and rub it well into skene's glands. This solution must be applied carefully every day. The silver solution may be used every third or fourth day, if deemed advisable, but I rarely find it so. Twice daily I have the woman irrigate her vagina with a solution of sulphocarbolate of zinc. I have been using this method now for something like a year, and find my cases recover more rapidly than formerly. If there is any involvement of the bladder or great ardor urinæ, I order cystogen and a solution of potassium acetate, to be given three or four times a day. Cystogen gives much better results when given along with an alkali.

I have also used the methylene solution for simple vaginal catarrhs and leucorrhea with good results.

H. R. Coston, M. D.
417-18 First Nat. Bank Building.
Birmingham, Ala.

SUCCESSFUL TREATMENT FOR GOITER—REPLY.

Editor Medical Summary:

I see on page 29, March number of The Summary, that Dr. Charbonneau asks you for "the best and most successful cure for goiter," and that in your answer you say, "it is not possible to state in a general way what is best and most successful," which is eminently correct. You refer to dilute fluoric acid, gtt. xv, to 3j t. i. d. I have had success with it in a few cases, and in some, failures. Syr. hydriodic acid (Hostelly's), has cured cases for me, twelve to fifteen years ago, that are evidently permanently cured, but it requires to be taken for a long time, and so does *any* treatment.

For some years I have been having good success with fld. ext. phytolacca and iris versicolor, of *each* from gtt. x to xx t. i. d. With it I usually use hydrarg. oxid, rub., 3j to vaseline ℥j, as local application. I am inclined to think that in simple goiter, the fld. exts. above named (if pure) will, in themselves, remove the enlargement, in most recent cases, in a reasonable time.

R. B. Elderdice, M. D.
McKnightstown, Pa.

WHEN TO GIVE MEDICINES.

Medicine given three times a day is best given just after meals and especially so when the drug is known to be irritating in action upon mucous membranes, as are iron, arsenic, iodine and their preparations. On the other hand, absorption occurs much more readily if the stomach does not contain food. If rapidity of action is desired, it is advisable to direct the drug to be taken between meals. All kidney remedies do much better when administered between meals. When a drug is given for its direct effect upon the stomach, it is best given when the stomach is empty. Acids are best given half an hour after meals, in preference to being administered directly after eating.

AVOIDED.

Bamberger, a German physician, classifies smokers as the "dry" and the "wet." "Dry" smokers are those who hold the cigar in the lips without wetting it with saliva. This is free from the dangers of "wet" smoking; that is, allowing the cigar to soak in the saliva. Saliva dissolves out of tobacco many harmful substances which are swallowed and help to produce tobacco poisoning.

Chewing tobacco contains so little nicotine that it can scarcely be regarded as directly harmful.

Smokers should be warned to keep their cigars dry and take them out of the mouth between the whiffs. There has recently been patented a method of preventing tobacco poisoning. Cotton impregnated with ferric chloride is an efficient filter for this purpose. A tampon of cotton dipped in ferric chloride applied to the tip of the cigar will thus afford an efficient filter against tobacco poisoning. It is even affirmed that this process improves the flavor of a cheap cigar, making the flavor more like that of a genuine Havana cigar.

In determining the value of an iron preparation, a mere expression of opinion is of little benefit, and the only evidence upon which reliance can be placed is that founded upon comparative blood tests in cases where a patient is under actual and systematic observation.

In a series of comparative tests made in a prominent private institution of Philadelphia, the best results were obtained from the use of Ferrozone, an organic iron compound, recently placed on the market by the Physicians' Specialty Co., 1211-1215 Filbert Street, Philadelphia, Pa. See announcement on another page of this issue, and send for literature and samples.

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Favorite Prescriptions.

WE invite practitioners to send us, for this page, one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulas plainly written on postal card is a convenient way for sending. Always give them in this order, please. 1. Name of disease. 2. The formula and directions. 3. Your name, town and state.

Reader, let us hear from you in time for the next issue of the Summary.

Do not forget to send your favorite prescriptions, such as you have tested and found trustworthy. It is our wish that the reader take a special interest in this department of the Summary.

INFANTILE PNEUMONIA, CHRONIC CONSTIPATION, MENORRHAGIA, ETC.

Editor Medical Summary:

The following formulæ have often done me good service, and perhaps may be of use to some of the many readers of THE SUMMARY:

FOR INFANTILE PNEUMONIA.

℞ Ammon. carb. ..... gr. x
Fld. ext. eucalyptus ..... gtts. xxx
Spts. æther nit. ..... ʒiss
Aqua mentha pip.....ad. ʒij
M. Sig.—Teaspoonful every two hours.

FOR CHRONIC CONSTIPATION.

℞ Fld. ext. cascara sag. arom.,
Fld. ext. berberis aquifol....ää ʒss
Elixir simp. ..... ʒj
M. Sig.—Teaspoonful three times daily.

MENORRHAGIA IN ANEMIC SUBJECTS.

℞ Quin-ferri cit. ..... ʒiss
Fld. ext. taraxicum ..... ʒiij
M. Sig.—Teaspoonful four times daily.

C. M. SMICK, M. D.

Terre Haute, Ind.

A TONIC; CATARRHAL JAUNDICE, BOILS AND SKIN DISEASES.

Editor Medical Summary:

The several formulæ here presented have all been used many times with most excellent results. I trust that those of THE SUMMARY family, who will make use of them, will not be disappointed, but be as well pleased as I have been.

FEMALE TONIC.

The following is a reliable female tonic:

℞ Fld. ext. cimicifuga,
Fld. ext. ergot .....ää ʒv
Fld. ext. gossypium ..... ʒj
Simple elixir .....q. s. ʒiv
M. Sig.—One teaspoonful every four to six hours.

J. A. BURNETT, M. D.

FOR CATARRHAL JAUNDICE.

The following is Dr. Geo. C. Pitzer's best remedy for catarrhal jaundice:

℞ Resorcin ..... gr. xxxij
Lac. magnesia (Phillip's).... ʒvj
Aqua menth. pip..... ʒij
M. Sig.—One tablespoonful three times a day.

BOILS AND SKIN DISEASES.

A good treatment for boils and most all skin diseases is as follows:

℞ Fld. ext. phytolacca ..... ʒij
Arom. sulph. acid .....q. s. ʒij
M. Sig.—Twenty drops in water three times a day.

J. A. BURNETT, M. D.

Cecil, Arkansas.

DIARRHOEA.

In some forms of diarrhoea the following prescription has given me some good results:

℞ Tr. opium ..... ʒj
Tr. kino ..... ʒij
Resor bisnal. ..... ʒss
Chalk mixture .....q. s. ad. ʒvj
M. Sig.—Teaspoonful every two or three hours as needed.

J. L. FENNEL, M. D.,

Waterloo, S. C.

SPECIAL NOTICE.

Doctor:—We desire to direct your attention to the standing invitation, in small type, at the head of this page. We want your Favorite Prescriptions, such as you have tried and found reliable. It would be difficult to estimate the immense amount of good you can do in this way to fellow practitioners and their patients. Let us hear from you for next issue of THE SUMMARY; also do not forget to send us short papers of reports of interesting cases.

THE SUMMARY works for your interest; will you not help in the work?

The pages of THE SUMMARY are always open for any one who has anything helpful and practical to say. May we have the pleasure of hearing from you soon?

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New Publications

We can supply any Medical book noticed in these pages or issued by any Publisher, on receipt of the publisher's price.

PRACTICAL MASSAGE IN TWENTY LESSONS. By Hartvig Nissen, Instructor and Lecturer in Massage and Gymnastics at Harvard University Summer School; Director of Physical Training, Brookline Public Schools; Former Acting Director of Physical Training, Boston Public Schools; Former Instructor of Physical Training at Johns Hopkins University and Wellesley College; Former Director of the Swedish Health Institute, Washington, D. C., etc., etc. Author of "Swedish Movement and Massage Treatment," "A, B, C of Swedish Educational Gymnastics," "Rational Home Gymnastics," etc. With 46 original illustrations. 168 pages. 12mo. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia. 1905. Price, extra cloth, $1.00

This small volume certainly contains the most practical lessons on massage that have ever come to our notice; there is no waste of space; it is all "lessons," as it were, and represents the result of the author's life work. The author states that his method is a combinations of what he has found to be the best and most useful "manipulations" and "movements" in other systems as well as what is original with himself.

PREVENTIVE MEDICINE, including a Disquisition on Therapeutic Philosophy. Cloth 12mo. Pages, 147. By William Colby Cooper, M. D. Published by the author, Cleves, Ohio., 1905. Price, $1.00.

This book is a valuable contribution to medical literature, and the interest created by reading the other works of this author is well sustained, and to many readers will possibly be exceeded, by the contents of this latest book. It is of exceptional interest and value to all practitioners who are concerned in the progress of medicine, and who are sufficiently liberal to be guided by teachings that may be in antagonism with preconceived ideas, and who are willing to be convinced and to follow the truth in whatever form it may be revealed to them.

"What will make a well man sick, will make a sick man sicker," is a homely but striking axiom of the author, and is seemingly subversive of the claims of medicine; but he makes it the basis of a good argument, and contends that it does not contradict the use of drugs, but in itself embodies the only truth that justifies their use.

Preventive medicine embraces the experiences and teachings of one who has reached the "three score and ten," (as revealed in a paragraph), and one who has dipped deeply into many sources of human knowledge. Unlike much that is written in the line of medicine, the being of this book is justified by its worth, and it can read to the profit of every practitioner.

CLINICAL TREATISES ON THE PATHOLOGY AND THERAPY OF DISORDERS OF METABOLISM AND NUTRITION. By Professor Dr. Carl von Noorden, Physician-in-Chief to the City Hospital, Frankfort, a. M. Authorized American Edition. Translated under the direction of Boardman Reed, M. D., etc. Part VII. Diabetes Mellitus. Its Pathological Chemistry and Treatment. New York: E. P. Treat & Co., Publishers. 1905. Price, $1.50.

This small volume contains the lectures on diabetes mellitus, delivered by Dr. Carl von Noorden. in the University and Bellevue Hospital Medical College, New York.

The statement made by the American editor that Dr. Carl von Noorden is pre-eminently qualified to acquaint us with the latest discoveries and conclusions concerning the origin, complications, and dangers of diabetes, as well as to inform us of the most successful methods of avoiding and combating them, and of curing the disease when a cure is possible, will not be questioned. This thorough-going work on diabetes will, undoubtedly, be welcomed by the profession, and to none will it prove of as much interest as to those who have been treating diabetes in the routine way the deficiency by a surplus of proteids, or by the administration of active drugs without examination of the urine for much more than a determination of the amounts of sugar and albumin present. This small volume should be read by every general practitioner in the land.

The D. Appleton & Company, of New York, have recently issued an illustrated medical book catalogue, a copy of which should be on file for future reference in the office of every practitioner. One will be cheerfully sent you on request, by simply mentioning THE SUMMARY, when you write.

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Summary Gleanings.

Lack of appetite in a child usually indicates a lack of necessity.

To build up the tissues of the body sip a glass of rich creamy milk before retiring.

Lime water and sweet oil mixed in equal parts is a splendid application for burns.

If the baby vomits, don't put anything except water into his stomach for four hours.

The Russian Surgeon Pirogoo recommends camphor 2 grs. to be repeated every two hours in erysipelas.

Peach root tea three or four ounces of the infusion daily is stated by Dr. Jones to have cured epilepsy.

The borate of soda is advised in the treatment of epilepsy. It must be given in large doses and persisted in.

Permit the children to romp and play out of doors in cold weather, but do not take them for long walks.

If the hydrate of chloral be taken in a glass of lemonade it is said that the taste is almost completely disguised.

The house owner who appreciates the beneficences of sunshine has a sun room or solarium attached to his home.

Go about the baby's bath systematically. Have the windows and doors shut and everything in readiness before beginning.

To remove moles apply with a splinter of wood a small quantity of acid nitrate of mercury carefully avoiding the sound skin.

The dye used to color some stockings contains a poisonous element, consequently the stockings should be washed before being worn.

A patient with a persistent and almost fatal hiccough was immediately relieved by the introduction of a stomach tube, and the removal of more than two quarts of a serous fluid.

A writer in the *Therapeutic Gazette* used sulphate of sparteine in the treatment of tremors of any kind. The drug is a depressomotor and produces good results in tremors of recent origin.

A tablespoonful of turpentine in a half pint of water, kept simmering over a lamp, is splendid adjuvant to other therapeutic methods in bronchitis of children.

In case of poisoning by formalin the administration of a dilute solution of ammonia seemed to give good results.

For vomiting for any cause, give five drops of the compound tincture or iodine in a teaspoonful of water; repeat in twenty minutes, if necessary.

Senecio is an old remedy now nearly forgotten, yet it has considerable virtue as a uterine tonic. It is employed in enlargements of the uterus, etc.

Strophanthus, to be of benefit in exophthalmic goiter, must be given in full doses and its effects watched. From eight to ten drops three times a day, increased if consistent, is the proper sized dose.

Sodium salicylate is a most meritorious drug in cases of tonsillitis presenting the rheumatic diathesis. Guaiac is also applicable, both as a gargle and as a constitutional remedy.

A peculiar disorder affecting the inhabitants of Porto Rico is an obstinate anæmia, caused by the presence in the bowels of the patients of a parasite, known as the hook-worm, or uncinaria.

The presence of this parasite is so disastrous in its effects that the United States Government was constrained to appoint a commission to investigate the cause of the trouble and to establish the proper treatment for its removal.

As a final cleansing step after curettage of the uterus it is well to introduce, and at once withdraw, a packing of gauze. This brings out with it fragments of tissue not washed out by the irrigation.

Hospitals were established at several points for the free treatment of patients. At some of these ninety per cent. of the population were affected, with many fatal cases, owing to the want of proper treatment.

It is evident from the above cases that the symptomatology of formaldehyde poisoning varies greatly, and that many cases must be recorded before a definite and correct picture of such poisoning can be drawn.

Aqueous solution of formaldehyde containing 1 in 2000 are very irritating to the skin; long continued applications of stronger solutions leads to ulceration and gangrene. Weak solutions lead to eczema.

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MAY 1906

THE MEDICAL SUMMARY

Vol. XXVIII

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

R. H. ANDREWS, M.D., Editor & Proprietor

2321 PARK AVE., PHILADELPHIA, PA.

ESTABLISHED 1879

No. 3

TITLES OF A FEW LEADING ARTICLES IN THIS NUMBER

ITCHING PILES

BY CHARLES J. DRUECK, M. D.

INFANT FEEDING

BY L. P. BARBOUR, M. D.

CATARRH

BY C. S. BOLANDER, M. D.

VARIX OR VARICOSE VEINS

BY J. L. WOLFE, M. D.

THE PESTIFEROUS MOSQUITO AGAIN

BY ROBERT GRAY, M. D.

For full Index of Contents see ad. page 39.

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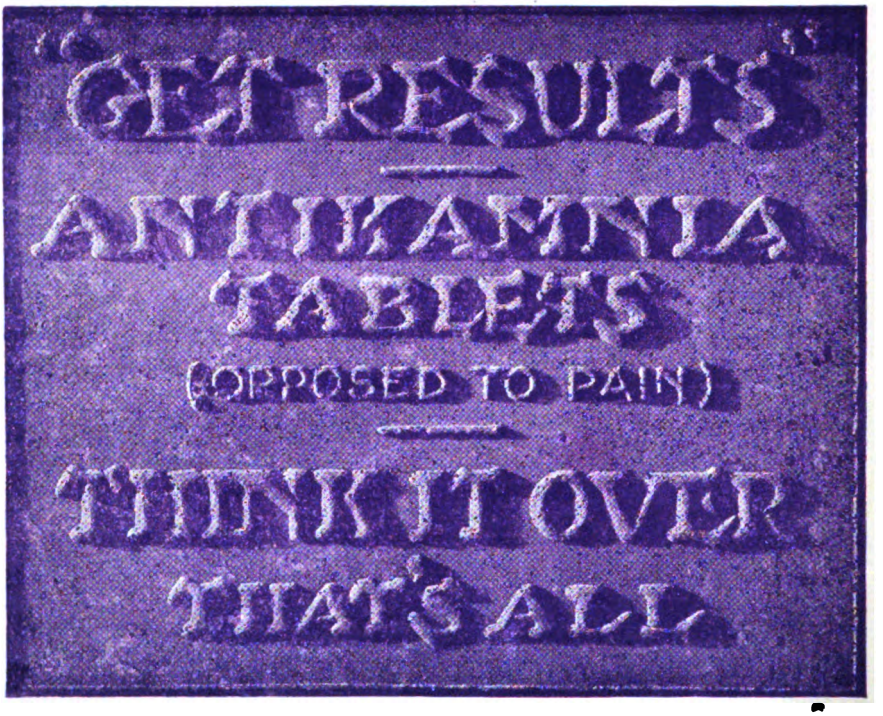

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R. H. ANDREWS, M. D., Editor, 2321 Park Avenue, Philadelphia, Pa.

ONE DOLLAR PER ANNUM, IN ADVANCE. SINGLE COPIES, TEN CENTS.

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2321 Park Ave., Philadelphia, Pa.

This journal has an extensive and constantly increasing circulation, is substantially established, and therefore presents to business houses, desiring to reach the rank and file of the medical profession throughout the land, a most valuable advertising medium.

Entered at Phila. Post-office as second-class matter.

VIRTUE RAMPANT.

Reform, in whatever special sphere the agitation may be in progress, inevitably imparts its movements to nearly all contiguous activities. All reforms actuated by a true and genuine impulse for the betterment of existing conditions that confessedly admit of improvement must have the sanction and aid of all who stand for virtue, honesty and real and true progress. But the best motives do not prompt all reformers even in the higher provinces of moral and ethical movements, and how frequently is the sinister purpose evident and transparent to all but the one who is blinded by the self interest involved!

Although we are not ready by any means to assert that the present condition of extreme, intemperate and unjustifiable agitation against all proprietary remedies is the result of a basic, selfish motive on the part of those leading the movement, yet assumed and inconsistent virtue rampant in certain quarters of the profession, in this unjustifiable crusade, prompts the question as to whether or not these actions are caused by the conviction that serious harm results to the profession from the use of proprietary remedies, and that the extreme opposition to them is actuated by the belief that it is to the best interest of the profession that they should be absolutely eliminated from medical practice.

Fanaticism, or virtue assumed, always comes to grief. One is ultimately restrained and the other exposed. Whatever a false agitation sets in motion will eventually lose its counterfeit impetus under the inevitable restraint of the truth in the matter as it is seen by those who are more ingenuous, stable and unbiased, and its end will be as inglorious as its source was false.

Eliminating possible baser principles, let us attribute this unreasonable agitation to a current set in motion by the fight of certain periodicals against the patent medicine nostrums, nearly all of which deserve all the denunciation, approbrium and castigation they are getting, but which have no more right to claim affiliation with the legitimate proprietary remedies than has

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the paste to court or claim the company of the real diamond.

The agitation is exhausting itself, and the matter will recede again to its normal tranquility, and the simple, sane and normal status will be that those who wish to use these remedies will continue to do so, and those who do not, will let them alone. If a journal wishes to admit them to its advertising pages, that is a prerogative of its own publishers. If not, it has the indisputable right to reject and exclude them; but it exceeds its rights when it denounces them indiscriminately, as unworthy of the use of anyone. Opinions vary so radically, that the same liberality should be shown to the users of them as that demanded by those who would discard them.

But there is most emphatically also a more positive side to this subject that the adherents of the proprietaries should defend most energetically. Owing to the internal troubles of the drug trade, caused by their own suicidal policy, that trade is in a demoralized condition in many localities, and as a sequence many practitioners are supplying themselves with their own medicaments to a degree that is telling additionally and most seriously on the trade and practice of pharmacy.

Soft elastic capsules, tablets, triturates, pills and pellets are almost as essentially proprietary as are the other remedies with protected specific names. Back of them is the same reputation in one case as in the other, and in all these lines, too, competition is so active that as a matter of self-preservation these articles must be kept up to the highest standard, for the individual firm that fails to do this is sure to be eclipsed by the others.

This over-zealous irruption of virtue may have its influence over kindred spirits, but palpably will make very little impression on the mass of the practitioners, the great majority of whom are thoroughly able to discriminate and differentiate motives for themselves.

THE EMERGENCY TREATMENT OF BURNS.

If every doctor carried (and every doctor ought to carry) an emergency satchel in his buggy, and in it kept a saturated solution of picric acid there would be little need for us to call attention to the treatment of burns. But it is regrettable that but comparatively few modern physicians carry such a satchel, and if they do have it, very often an investigation will show that no provision is made for this emergency. The saturated solution of picric acid is made by dissolving five parts of picric acid in 80 parts of alcohol, and adding water to make 1000 parts. Sterile gauze is saturated with this solution, and applied to the burned area. This is the best practical emergency dressing for burns which the physician can carry with him, as it takes up but little room and is always ready for instant use, and the results are superb. It is, of course, open to the objection of discoloration, but this is a minor matter in comparison with the disastrous results which may follow delayed or improper treatment.

Perhaps, however, even the most careful physician may be caught in an emergency with absolutely nothing with which to treat burns. It is in such cases that we must turn to the household kitchen, where we will always find articles which will do very well as makeshifts until time for a second dressing when more scientific applications may be deemed advisable. A saturated solution of common baking soda (bicarbonate) or of washing soda (carbonate), applied on compresses kept wet with the solution, will relieve the pain of a burn, and in many cases will rapidly promote healing without the addition of any other dressing. A solution of ordinary table salt, a dram to a pint, applied on absorbent cotton, or even soft cloths, is very satisfactory as a temporary application. Even absorbent cotton, without other dressing, closely applied and covered with a bandage, will exclude air and thus relieve pain until appropriate dressings can be secured. Water is always obtainable, and if absolutely nothing else is at hand, immerse the burned part in warmed water; this may sometimes be continued for hours or even days with positive benefit.

Many eclectic physicians claim bryonia is the only remedy needed to successfully treat a case of pneumonia.

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Original Communications

BRIEF and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases are solicited from the profession for this department.

Articles intended for the Summary must be contributed to it exclusively. The editor is not responsible for the views of contributors. Write plainly and only on one side of the paper.

ITCHING PILES.

By Charles J. Drueck, M. D.

Professor of Abdominal and Pelvic Surgery at National Medical University; Professor of Rectal Diseases at Jenner Medical College; Surgeon to Lakeside and Emergency Hospitals, and Rectal Surgeon to Peoples' Hospital; member of Illinois State and Chicago Medical Societies.

Pruritis ani is the name applied to any itching about the anus regardless of the cause, and may be a direct symptom of some local rectal disorder or a reflex manifestation of some other diseased pelvic or abdominal organ, or even a sign of serious systemic disturbance. The character or degree of itching may vary and includes all varieties of eczema. Sometimes the cause is discernible, while again it is quite obscure and in some instances there seems to be no apparent cause. The general practitioner often considers it a trifling ailment, although in old and aggravated cases it proves to be intractible and renders the patient's life almost unbearable.

It affects all classes of men and women, for it is found in all occupations and social conditions of life and occurs at any age, but is more common in males and about middle age. The itching is usually constant, with exacerbations, especially at night, when the patient's body becomes warm in bed, and is not limited to the anus, but radiates down the limbs, over the buttocks and across the perineum to the urinary organs. Scratching and rubbing the parts gives only temporary relief and leaves after effects, such as bleeding, cracks and fissures, which add to the annoyance. In the majority of cases pruritis is simply a symptom of some other rectal or pelvic trouble and may therefore refer to any neighboring organ, though it is usually due to hyperesthesia of the nerve filaments.

Etiology.—The causes are many and sometimes very difficult to ascertain, but usually when found and removed the pruritis will be cured at once. Sometimes nothing can be found to explain the itching. Various local and constitutional conditions or habits are at times the cause, or, occasionally, neurotic affections, diabetes, portal congestion, syphilis, rheumatism, albuminuria, or a gouty tendency. Threadworms are frequently the source in children, but rarely in adults, and can easily be found in the folds of the mucous membrane of the rectum as short fibers resembling pieces of thread. Chronic prostatitis, proctitis, impacted feces, chronic constipation and errors of diet are each at times the source. Hemorrhoids, either internal or external ulcerations, a beginning fissure, prolapse, polypus, fistula in any variety, may be an underlying cause. In women it occurs with pruritis vulva during menstruation and early during pregnancy, or in the last few weeks of gestation when the perineum is congested and edematous.

Certain articles of food frequently produce the pruritis, as shell-fish, salmon, venison, strawberries, coffee or the over use of spices and meats. In fact, any rich diet or excess of alcohol and tobacco may cause it. When a fistula is present, though the skin opening may be pin-point in size, still the discharge as it evaporates leaves a crust which occasions the itching. Pediculi also, by their presence and excretions act in the same way. Herpes, erythema in fleshy people from chafing and sweating of the buttocks in walking, and eczema, either acute or chronic, are each occasionally the cause of pruritis. In eczema marginata the spores may be found by the microscope in scales scraped off and moistened in glycerin. Incontinence of urine in either children or old people is many times a cause.

Symptoms.—The predominant symptom is the unbearable itching, which grows worse with warmth and rubbing of the parts. Scratching, which is sometimes controlled when the sufferer is awake, is

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unconsciously performed when he is asleep and causes bleeding and abrasions of the skin, which serve to make the conditions more painful the next day. In recent cases there is often nothing to see or there may be a red, glistening, perhaps edematous condition of the parts with scant serous secretion, enough to keep the skin moist. In old cases the skin becomes thick, pale and parchment-like, sometimes even brownish, especially back of the anus and toward the coccyx in the intergluteal space, and the whole surface is eroded and fissured. In protracted cases the patient's general health and nutrition fail from prolonged insomnia and nervous wear and he becomes a hypochondriac.

DIAGNOSIS.—Pruritis is easily diagnosed from the patient's history and then corroborated by the examination. The patient in the lithotomy or sims position affords easy inspection of the whole field. The presence of syphilis, tuberculosis, and especially rheumatism as an underlying dyscrasia, must always be investigated in obscure cases, because of this fact alters the treatment.

PROGNOSIS.—Without careful attention the outlook is very poor. Periods of improvement are quickly followed by exacerbations worse than the preceding. The itching and pain, together with the loss of sleep, bring the sufferers to the verge of nervous prostration or insanity if they have not already become opium wrecks. A patient told me that he had not had a day's peace or a comfortable night's rest in a year. He could do no business, looked and felt as though he was in the last stage of phthisis, and vowed unless I could help him he would commit suicide.

Under careful, persistent treatment you may look for a favorable future, provided the cause can be removed. The patient, however, must be told that unless the cause is purely local the treatment requires time and perseverance on his part.

TREATMENT.—The treatment depends, first, upon the cause, for with that removed the pruritis will usually disappear. Sometimes the cause is very trivial. I remember seeing a severe pruritis that had resisted treatment by two physicians that was due to a few inverted hairs. These were removed, the follicles destroyed and a sedative dusting powder used. The trouble healed kindly and has since never bothered the patient, who is himself a physician. If there is no apparent local cause, examine the patient's general condition. When anemia or tuberculosis is present, alteratives and tonics like arsenic, iron, cod liver oil and quinine are indicated, also nux vomica for its tonic effect, both systemic and intestinal. The tonic value of exercise must be remembered and its importance impressed upon the patient. The diet is to be looked into and excesses cut off, as coffee, alcohol, tobacco and the over use of meats, spices and condiments, and also highly seasoned sauces or game. When the gastric digestion is impaired, pepsin, diastase or mineral acids may be needed. In the lower digestion the bowel or liver may need attention. The genito-urinary systems in both male and female patients must be given a thorough examination and the physician satisfied that there is nothing abnormal about these organs which might maintain a reflex excitation. The condition of the stool should be inquired into and if constipation exists the bowel should be emptied thoroughly by a saline laxative or rhubarb, after which they should be moved daily. Aloes is contraindicated as a laxative, because of its irritating effect on the rectum. The use of intestinal antiseptics, such as salol, sulphocarbolates and ichthyol, five grains of the latter given night and morning, on an empty stomach, is useful to clear up the autointoxication. Intestinal lavage, with large quantities of weak alkaline solutions, is of inestimable value in clearing out the bowel and stimulating intestinal action (the details of lavage will be considered at another time in a paper on constipation and autointoxication, because of lack of space in this article.)

Syphilis occasionally produces a pruritis and eczema about the anus, but a thorough course of mercury and the iodides will remove it. If due to lithemia, the salicylates and alkalies should be freely given. As the itching is always worse in bed and while the patient is resting, the use of pajama night suits must be replaced by a

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cotton gown, which is loose and does not touch the perineum. The pajamas by fitting closely increase the production of moisture and increase the chafing. Cotton sheets should be worn on the bed and heavy quilts replaced by wool blankets which permit a more even temperature and thus prevent sweating.

LOCAL TREATMENT.—Locally the treatment divides itself into cleanliness, keeping the parts dry, maintaining rest by preventing friction between the sides and relieving sphincteric spasm. Scrupulous cleanliness during the local toilet is imperative. The matter of toilet papers is important. Adler calls attention to the fact that harsh papers and ordinary newspaper, because of the printers ink often causes a pruritis. A patient, whom the writer attended, presented a very obstinate case of pruritis that persistently recurred until it was discovered that the sufferer used as toilet paper the tissue paper which had been wrapped around oranges and lemons. When this practice was stopped and a little local treatment given, the trouble disappeared and has never recurred. Where contact of the feces produces pruritis, the ordinary use of toilet paper is not sufficient to remove all of the small particles and pledgets of cotton moistened in warm water are much more effecient. The addition of sodium borate or bicarbonate to the water is often of value.

In conjunction with the local applications to be described later I have made it an almost routine practice, whether the cause is evident or not, to gradually but thoroughly dilate the sphincter. There is always present a hypersensitiveness of the anal mucous membrane or an hypertrophy of the sphincter muscle, both of which conditions are relieved by this procedure. The dilatation is performed slowly and without an anesthetic. By frequent moderate stretchings I overcome the hyperesthesia and abnormal resistance and in that way relieve the constipation that occurs from prolonged retention of the feces. This also relieves the tenesmus that is set up and which keeps the skin under tension and helps to make defecation painful. It has been advised to perform the dilatation under chloroform, but I do not employ that method, because whenever you dilate forcibly there is danger of incontinence resulting, which will be more or less permanent. This mishap is never possible when the dilatation is performed by my method.

The local application of astringents and ointments, as acetate of lead or zinc, zinc oxide, carbolic acid, chloroform (a dram to the ounce of olive oil), bismuth or mercury may be tried, but with varying success unless the predisposing cause is removed. Opium is to be used very advisedly because of the possibility of inducing the habit, and because the secondary effect of the drug is to produce a general itching. I have found mutton suet and diachylon ointment preferable to other emollients. The following formula I have frequently used to give temporary relief while treating the underlying cause:

℞ Camphor,
Chloral hydrat. . . . . aa ʒi
Ung. diachylon . . . . ʒj

This may be applied two or three times daily after bathing the parts. Much immediate relief is obtained by brushing the surface with nitrate of silver, twenty grains to the ounce, or with Churchill tincture of iodine, twice a week. Both applications produce some temporary pain, but the relief afterward fully compensates for the suffering.

When the pruritis is due to threadworms, injections of lime water or salt water are sufficient or, in severe cases, an anthelmintic as santonin. Occasionally this procedure needs to be repeated. When due to vaginal discharges douches of 1 to 2000 mercuric chloride or two per cent. lysol, should be used twice daily. In infants, when due to lack of attention during an attack of diarrhea or to fermentation of urine about the parts, I have found picric acid, ten per cent. in nitrate of mercury ointment, gives the best results.

Eczema in all its various forms is frequently a cause. If the skin is dry and scaly much benefit is derived from tar preparations. Bathe the parts with a so-

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lution of alcohol and tar water or use an ointment as

℞ Picis liquidæ . . . . . ʒ iv
Ung. belladonnæ . . . . ʒ ij
Ac. carbolici . . . . . m x
Adeps Lanæ . . . . . ʒ ij

Bathe the parts repeatedly in water as hot as can be borne and in green soap, to remove the thickened scales and to deplete the local circulation. In exaggerated cases, a solution of caustic potash, five grains to the ounce, may be used. A cloth may be used to sop the hot water on the parts, but do not allow any rubbing. This treatment on retiring will often insure a restful sleep for an otherwise tortured patient.

In the moist variety of eczema and in erythema, soothing applications such as calomel, bismuth, boric acid, starch or zinc oxide powders may be dusted on the parts and a piece of lint or muslin inserted between the buttocks. The following, as an ointment, has acted admirably in many of these cases:

℞ Thymol . . . . . gr. ij
Pulv. zinc sterat. . . . . ʒ iv

When the patient is about to indulge in excessive exercise, work or walking, especially an obese subject, where he is likely to aggravate the condition, he should apply the above ointment before the effort and bathe the parts promptly afterward with cold water, being careful to dry the parts thoroughly. Frequent ablutions of cold water give much temporary relief in these cases. For fleshy individuals and others who perspire freely and are liable to chafe, carbolic acid solution ½ per cent., or potassium permanganate 1 to 5000, is an admirable lotion to be used daily with the toilet.

In eczema marginata, bathe the parts thoroughly with warm water and soap, dry carefully with a soft cloth and then apply dilute sulphuric acid. It is painful for a short while, but gives immediate relief. Tincture of iodine may be used. In purely neuresthenic cases, local treatment is of no use and the patient is better off without it. Moral and hygienic instruction are much more needed and in some instances straight talk, as Morris (*British Medical Journal*) calls it, will do more than all the drugs. In severe cases or when the pruritis is due to disease of the brain, spinal cord or their membranes, it may be necessary to give the patient a narcotic to enable him to sleep. Succus coni, one dram given three times daily is efficacious. Bromide or chloral is preferable to opium, as the latter causes more itching the next day.

Recently the Roentgen ray has been used in the treatment of pruritis and eczema about these parts, but the work in many instances has been done by enthusiasts and its value over estimated. Very often, but not always, the X-ray acts most magically, but there is always the danger of possible burns even in the hands of an expert, and this danger is increased if the treatment is continued over a long period of time. It has also been found that azoospermia may be induced unless the Roentgen ray is used very guardedly to limit the action of the light to the skin only. A fifteen minute treatment every other day for two weeks ought to show results by relieving the itching and by increasing the discoloration of the skin. A tube of low vacuum is held about ten inches from the patient. The surrounding parts are to be protected by lead sheet and no application or ointment containing metallic salts are to be used at any time during this treatment. Nothing is worse than the empirical use of any agent and it is folly to use the X-ray on every case, without first finding the cause of the itching.

The X-ray will prove a valuable assistant, however, if its use is limited to cases of unknown origin or those who prove themselves especially obstinate and where relief alone is desired. A cure can not be expected even with the use of the X-ray, unless the cause is removed. Should a cure occur, it will be only temporary if the exciting cause is allowed to remain.

When the pruritis is due to proctitis, hemorrhoids, fissure, ulceration, fistula, prolapse or polypus and the patient refuses to submit to surgical treatment or in senile, debilitated or hemorrhagic subjects, much relief may be given by the use of the following:

℞ Calomel . . . . . gr. xxx
Menthol . . . . . gr. x to xx
Vasaline . . . . . ʒj

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Sig.—Apply after each bowel movement, bathing the surface carefully before and sopping it dry.

If there is much pain, cocaine hydrochlorate, grains ten, may be substituted (Mathews). The use of ungentum gallæ or tincture of iodine will relieve the itching when hemorrhoids are the cause. These formulæ have given me much satisfaction in a general way but must be altered to suit each case. Finally, there remains a class of cases in which the pruritis persists in spite of all therapeutic treatment and where there is no apparent cause, either local or systemic. In these instances the actual cautery applied lightly all over the irritated surface will at times effect a cure.

599 East Forty-sixth St., Chicago, Ill.

[The article by Dr. Drueck to appear in our next issue will be entitled "External Hemorrhoids." This will be a very interesting as well as practical series of articles, and no physician should fail to secure all the numbers of the SUMMARY containing these papers. In order to make sure of this, the best plan will be to send in your subscription for the year, provided, your name is not already on our subscription list.—ED.]

INFANT FEEDING.

BY L. P. BARBOUR, M. D.

There are few problems of greater interest to the family doctor and no more lasting subject for discussion in our County Societies, than the selection of a suitable diet for infants. For the babies, like the poor, are with us always.

The very young infant deprived of its natural fountain of nourishment is the source of the greatest anxiety, but the babe of nine months to a year old, in the process of weaning, not rarely gives trouble to the medical adviser of the family.

There has been much careful and valuable work done in this line during the last half score of years. Many of the prominent pediatrists have made researches concerning the physiology of infantile digestion, the chemistry of the milk of various animals, the chemistry of other forms and combinations of foods, and concerning methods for preparing and combining these and adapting them to the digestive conditions of the babe. Cows' milk is the most available form of food to use as the basis of preparing suitable nourishment for the infant. It is not necessary for me to give in this paper the formulæ for adapting the cows' milk to infants of different ages. These formulæ can be found in all the text-books of recent issue. Further, in some of the text-books, and in the current literature of the larger medical journals, may be found exhaustive reports of the investigations referred to above. And it is essential that these should be studied. One must be familiar with the anatomical and physiological development of the child, especially with the development of the alimentary tract, with the chemistry of foods, and with the uses of the different forms of foods in the nourihsment of the individual, if one would be a successful "baby doctor." To use formulæ, however good, in any branch of medicine, without knowing underlying principles, is to be a machine.

The formulæ given in most text-books for preparing cows' milk for the new born babe are adapted to the average. The majority will thrive on this prepared milk if the directions are carefully followed. Of course, there must be good clean milk to start with—milk comparatively free from bacteria, of average composition, and from a healthy cow. If skimmed or separated milk and cream are used, there is greater accuracy. It is common knowledge that different cows and different herds differ greatly in the proportion of casein and fat.

With milk prepared accurately from a standard formula, you will find some babies will not do well. These cases demand individual study. A baby is as distinctly individual as an adult. Learn where the fault is in the digestive struggle between that baby and that preparation. Is the baby constipated? If so is it well or ill-nourished? There are often constipated babies who are nevertheless well-nourished and rapidly growing. In such

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a case there is probably only a deficiency of fat.

If with the constipation there is a loss of weight, or a failure to increase in weight, there is probably along with the fat deficiency in the food, an inability of the child to digest the casein. Sometimes this indigestion is quickly overcome by the administration of some of the digestive enzymes. These ought not to be continued longer than a few days. If after a few days the digestion is not sufficiently started so that these aids can be withdrawn it is better to modify the milk to meet the condition. The casein of a woman's milk forms a floculent and tender curd. The curd of cows' milk is larger and tougher. It is perhaps impossible to so modify cows' milk as to render the casein as easily digested as that of woman's milk, and at the same time retain the usual proportion of casein. However the little patients often thrive without so great a proportion of casein. The addition of a little starchy food in an easily digested form, adds to the nutritive qualities of the food and at the same time seems to prevent the formation of so large curds and thus to assist digestion. For this purpose a thin but well cooked barley water may be used instead of water for diluting the milk. I have also found very useful a thin gruel made from boiled flour. A good quality of flour is packed in a small sack. The diameter of the sack should not be over three inches. It is sewed up and dropped in a kettle of boiling water. This is kept boiling for twelve or more hours. When the sack is peeled off there is found a hard mass of well cooked flour. I have found no form of starch more easily digested than this extra-cooked flour if properly done. It is grated as needed and a gruel made, the proportion of flour used according to the age and condition of the child.

If the child must be kept long upon a diet deficient in casein, a little egg albumen may be added to its diet. For very young infants the white of an egg, uncooked, is simply dropped in a half teacupful of cold water, stirred and allowed to stand half an hour. The water is then strained off and used in preparing the milk. For older babes the white should be thoroughly beaten and some of it added to the milk.

But in spite of all the modifying and preparing that we may do, we will find some cases that cannot take cows' milk. Such cases may be placed for a time on one of the prepared foods. Sometimes one and sometimes another of these seem to agree best. One must not get oneself wedded to any one thing as a baby food. If after a fair trial it is found that a certain preparation does not agree, whether modified cows' milk or one of the market foods, it should be given up. "The proof of the pudding is eating it." Remember that the baby may have idiosyncrasies, as well as the adult. I know one man who cannot eat the least bit of butter without becoming nauseated. I know another who is purged by a few mouthsful of squash. I know of no reason for the unusual action of these particular foods in either case. Neither can we always tell why certain foods do not agree with babies. In spite of all of our study and investigation there is sometimes nothing left for us to do but to try first one thing and then another until we have found the right one. This does not sound scientific, but "it is a condition and not a theory that confronts us." And it is more scientific to try different foods than to keep the little sufferer on something it can not digest.

To summarize; begin feeding the infant with fresh cows' milk modified according to the standard text-books for the age and condition of the child. In the majority of cases this will be all right. If it is not try to find what is wrong and to right it. In hot weather, and especially in the cities, it may be best to sterilize the milk. Sometimes, for varying reasons, it becomes necessary to use something else than cows' milk as a basis. Don't be wedded to one thing. Remember that babies are individuals.

Boulder, Colo.

Bryonia (tincture) has repeatedly cured *i. e.*, eradicated all apparent signs of incipient phthisis, microscopic tests being taken as the basis for this statement.

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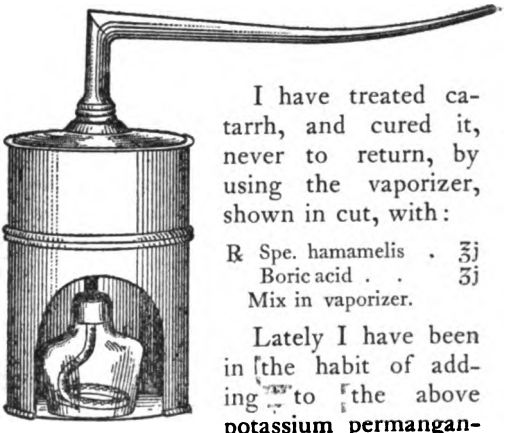
CATARRH.

By C. S. Bolender, M. D.

Have you ever stopped and thought that tonsillitis, bronchitis, asthma, diphtheria, scarlet fever and all kinds of catarrh primarily effect the mucous membrane of the place in which it is located. Have you ever stopped and thought that the germs of all these diseases are developed by the same culture media and that their growth in the culture media would be stopped alike in the development of each. Does it not show that the same kind of soil is necessary to the development of each? That being conceded we are ready to proceed. The nasal passages are a favorite seat of syphilitic ulceration, and this disease figures as an etiological factor in many cases of chronic catarrh.

Catarrh is conveniently divided into three classes, viz: simple, hypertrophic and atrophic. The simple form is manifested by congestion and swelling of the veins of the mucous membrane, with profuse catarrhal discharge, without change of structure, other than the swelling. Draughts of cold air will soon obstruct the nares by engorgement. This condition may continue until the hypertrophic form sets in with frequently profuse mucopurulent discharges; but the atrophic form is not only the most offensive, but as a rule, the most stubborn to treat; it is characterized by atrophy and palor of the mucous membrane and indolent fetid ulceration. The nares open and free, breath foul and offensive and crusts form over the affected surface, which when removed leave a raw surface, depressed in the center and always filled with pus, of a toxic nature, which bores into the deeper structures, which, when the scab is removed, leaves a sack or pouch which no spray or atomizer will reach, i. e., to the bottom of it; but when healed over by these methods leaves a germ at the bottom of the sack or pouch that will soon reproduce the disease in an aggravated form. Now the way to prevent the recurrence of the disease is to heal those sacks or pouches from the bottom and the only way to do it is to use a medicine that will penetrate any place that air will, locally, and the only remedy that I have ever found, thus effective, is hot vapor. You all know that steam will penetrate anything that air will, and if you can use medicine in the form of steam you can counteract the toxic effect of those diseases by using your antiseptics in the form of steam.



I have treated catarrh, and cured it, never to return, by using the vaporizer, shown in cut, with:

℞ Spe. hamamelis . ℥j
Boric acid . . ℥j
Mix in vaporizer.

Lately I have been in the habit of adding to the above potassium permanganate, two grains in each application. If it is a case of atrophic catarrh, I usually add two drams of peroxide of hydrogen to the above formula for three or four treatments, to cut away the pus and exudate, to make it possible for the medicine in the vaporizer to reach the seat of the disease. This treatment, if persevered in, will cure all cases of catarrh, bronchitis and tonsilitis, and wil! materially aid in the treatment of asthma, diphtheria and scarlet fever. I have cured five cases of asthma, from five to fourteen years standing, and one of the worst cases of tonsillitis I ever saw, in the last four months.

Now any one can have a vaporizer made like cut if he wishes to do so, as I have not yet had it patented. The main thing to remember is to have the angle of the tube 45 1-10 degrees. If you can't get one made I would be only too glad to do you a favor by having my manufac turer make you one at cost. Cost for making, $4.75; packed for shipping, $5.00, without lamp.

Directions for using steam vaporizer.—Throw heavy cloth or Turkish towel over the head to confine the steam. Use for ten minutes once a day for the first two or three weeks, then once every other day until cured.

Knightstown, Ind.

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ACNE.

By J. R. Landers, M. D.

From the cosmetic standpoint acne is as humiliating as it is exasperating to the one who must endure it. Though familiarity breeds contempt as some seem to silently treat it so, or else they have concluded it must be endured.

In the aggravated form where there is a vehement effort of follicular inflammation to get rid of it the appearance is quite unsightly. But I do not consider it the intractably obdurate condition that it is ordinarily regarded. However there is no royal road by a wash or a few doses of medicine that has ever proven satisfactory to me or to the patient from the cosmetic point of view. We must be willing to give the offending or offended follicle time for personal attention, and if both patient and physican will understand this and undertake to systematically carry it out it will be found that between six and a dozen sittings will show results yielding satisfactorily. Probably there is no better way of describing a method of treatment than by citing a case and step by step the manner of handling and means employed. Head and neck of course are the situations where the comedo and acne are found to any extent, because there being disease of the sebaceous follicle and these follicles are most numerous here. They are also found most generally during later years of adolescence or in the early twenties, though they are frequently noticed in much older persons.

In the case of a young man, 20 years of age, who came to me quite discouraged, having used salves, unguents, lotions and "blood medicines." The result was as personally gratifying to him, esthetically, as unremunerative to me,though otherwise satisfactory, that I will recite it here: The first interrogation was of the digestive tract and as usual in such cases it was necessary to clean out and put in as nearly aseptic condition as might be and both absorbent and eliminants stimulated to the inclination and ability to equitably and rightly functionate. Then he was put on C. P. calcium sulphide to saturation. The face and neck were gone over with sharp pointed knife and each pustule lanced, and the more prominent comedones pressed out, using the sharp point of a small knife if necessary, then each follicle or sack was cleaned with peroxide of hydrogen and with a sharp stick or toothpick dipped in pure carbolic acid each cavity or follicle was treated; then treated the same way with pure alcohol, to prevent further effect of the carbolic acid. This procedure was repeated every third day so that by the end of two weeks scarcely a pustule could be discovered and no comedo that would attract the attention. After each seance I found nothing better, as a local application, than good bay rum or listerine. Each night after these operations, every third night, a dose of pilocarpin muriate, sufficient to act as a mild sudorific, and it would seem that should be of advantage which I believe from the intimate association of the sebaceous and sudoriferous glands. Where there was some inflammatory effort, immaturity and hardening, glycerin was applied over night and scraped off next morning with some not very sharp instrument, as a common table knife. With the attractive power of the glycerin and the sudorific effect of pilocarpin the sebceous follicles were more completely unloaded. All this time the calcium sulphide is getting in its work and purifying the poisoned glands and ducts as is excreted possibly the sulphuretted hydrogen through them. I have used amorphous aconitine in these cases, hoping that its action in the skin would tend to moisten the dry comedones and render their removal easier, especially where they seemed dry and hard and difficult to move. And I think I have reason to believe it was beneficial. It is important always to keep the digestive tract as clean and aseptic as possible and here the sulphocarbolate of lime or soda is preferred and possibly the lime salt is best in most cases.

If a bland local application is needed on account of irritation, I prefer mutton or beef tallow made applicable by the addition of olive oil I failed to mention the cleansing of the face, etc., at the proper time. But I will say that some care should be exercised in the choice of soap,

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and a pure castile soap dissolved in alcohol should be used to cleanse the acne or comedo area, but if I was called on to name the best soap, in my opinion, I would say Althene soap, but I have forgotten who is the manufacturer.

Given then a case of acne see to the emunctories, flush out the alimentary tract with saline laxative, keep it pure with sulphocorbolate of lime or soda, give aconitine to improve skin activity or a slight sudorific dose of pilocarpin every third night or oftener, saturate the system with sulphide of calcium and keep it so; flush out the bowels, weekly at least, with saline laxative, evacuate all pustules or prominent comedones every third day and treat cavities with H_2O_2 and pure carbolic acid followed with alcohol. Use bay rum or listerine as a wash, keep appetite and digestion at par. As an unguent, tallow and olive oil, and in two or three weeks the result will be satisfactory from esthetic and cosmetic standpoints; and really the time and labor is not so great in a given case as one would naturally suppose.

Bernadotte, Ills.

VARIX OR VARICOSE VEINS.

By J. L. Wolfe, M. D.

This variety of vascular tumor consists of a dilatation and elongation of the deep or subcutaneous veins. This condition may exist in any portion of the body, even in the bones. It may involve a small portion of one vein, superficial or deep, or as it is most usual, a chain of veins. It is most frequently observed in the superficial veins. It is especially apt to occur in the saphena veins. Hemorrhoids and varicoceles are common forms of varix. Unusual types are the dilatation of the jugulars from stenosis of the vena cava descendens, and that of the superficial abdominal vein from stenosis of the ascending cava. Such conditions are described by some authors as simple hypertrophies, or dilatation of veins. Any long continued dilatation constitutes a varix. Hyperplasia of the normal tissues of the venous wall, is the natural sequence of prolonged pressure and increased function. The hypertrophy of the wall is not always equal to the resistance of the increased pressure, hence sacculated pouches occur when the vessel wall becomes much thinner than normal, not infrequently resulting in rupture. Varix is of frequent occurrence in women who have had repeated pregnancies.

Poorly fed and hard worked persons, especially those who work in an upright position, are more prone to varix than others. There can be no doubt that gravitation is the chief and immediate cause of this disease. The veins most subject to the greatest prolonged blood weight, and least protected by pressure, are involved in the great majority of cases. Paralysis of the muscular walls, either by atrophy of the muscles, or interference with the function of the *nervi vasorum*, may cause varix. This is proved by the fact that a small segment of a single vein in the upper portion of the body where the anastomosis is free, and gravitation cannot be considered as a factor in the dilatation, may be the seat of this affection. In well marked varix, the veins are greatly increased in caliber and in length, so that they seem coiled and twisted upon themselves in knotted masses. They are narrowed in caliber at frequent intervals; these contractions opening into expanded pouches in general appearance, not unlike the sacculated large intestines. The valves are wholly insufficient, and often flattened against the wall, or at times partially destroyed. At the level of the valves the walls are exceptionally thickened. The thickening is due to multiplication of the muscular elements, and hyperplasia of the connective tissues. The connective tissue formation is abundantly distributed in the meshes of the elastic network, and the bundle of fibers are usually arranged parallel with the long axis of the vessel. This accounts for the longitudinal ridges seen on the inner surface of the affected veins. Even the nutrient vessels of the walls of these varacose veins—the *vassa vasorum*—have undergone hypertrophy, and are themselves the seat of varix, forming at times venous caverns in the wall of the vessel which communicates with the vein. The internal tunic is not,

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properly speaking, thickened, except at the points of attachments of the valves, or when a thrombus is formed.

Immediately external to the middle elastic tunic, the muscular tissue appears increased in quantity, arranged in transverse and perpendicular laminæ, separated by bundles of hypertrophied connective tissue, which are not infrequently stained with granular pigment. Calcareous deposits occur primarily, within or between these connective tissue bundles.

Hyperplasia of the connective and other tissues in the immediate vicinity of a varix of long standing, presents the usual appearances of elephantiasis. Small spots of ulceration occur as a result of malnutrition, and coalescing form the large and obstinate ulcers seen so frequently in varix of the legs. The veins become greatly elongated and assume different shapes, irregularly sinuous or cork screw like, twisted upon their axis, and frequently on account of perivascular inflammation matted together by new-formed connective tissue into venous tumors. Occlusion of varicose veins may result from thrombosis and a cure may thus ensue,

Varacose veins are to be treated chiefly by artificial support to the weakened and dilated walls. Eczema and the various forms of ulcer occurring in connection with varix, are relieved by proper support. The varix however, is not often cured by this means alone, which is merely palliative. Martin's elastic bandage is of great use. Bandages of muslin or flannel properly applied give great relief. The elastic silk apparatus for constant equable pressure, cleanliness and comfort, cannot be surpassed in the treatment of varix. The relief of pressure by position is always advisable. All supporting apparatus and bandages should be removed at bedtime, and adjusted before rising.

Locally, an application of hamamelis at night, after removal of supporting apparatus and bandages, and in the morning before their application is required.

Cedar Falls, Iowa.

Isolation, rest, massage, diet, electricity are the principal factors in the successful treatment of neurasthenia.

SOME OBSERVATIONS UPON RENAL INSUFFICIENCY IN ITS RELATION TO OTHER MORBID CONDITIONS.

By J. H. Hiden, M. D.

Only time and experience can deeply impress us with the vital relations which often exist between the various organs and tissues of the body. Though the essential features of this many-sided truth have been repeatedly presented and ably taught in the lectures and clinics of our medical colleges, yet daily practice, with its cares and responsibilities, brings home to us what were otherwise little more than fanciful theories. This is notably true in cases of renal insufficiency. How often a cough with a bloody expectoration, an attack of asthma, the appearance of eczema, a vicarious diarrhea, an indolent ulcer, the impairment of vision, a persistent headache, the loss of consciousness, the hissing sounds of a convulsion, and even the sudden appearance of mortification is misunderstood, when a little attention to the kidneys would clear up the difficulties! It is not my intention here to advocate exhaustive, chemical and microscopical analysis of the urine in all febrile and other disorders. This is seldom necessary. In fact, many of the laboratory findings by the expert chemists, are, to the general practitioner, little more than medical curiosities. A fair degree of knowledge, however, both in chemical and microscopical analysis of urine is highly desirable, if not indispensable to successful practice. What I wish then to suggest is, that a judicial consideration and a skillful application of a fair degree of this knowledge be given in each individual case. This is often accomplished by the general practitioner when an expert chemist or microscopist would be completely at sea. For, in the human laboratory, we have to deal with the psychical and physiological, as well as the chemical laws and this by no means simplifies things, when we consider that close relationship between the psychical and the physical. A functional, renal insufficiency, as well as an organic disorder, may thus be of grave import in the prognosis of a great variety of morbid conditions. This observation

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has gradually become a central thought in my professional work. Each season brings to my mind additional evidences of its truth, while it extends its field of application. Surgical cases with ugly wounds and inflammatory lesions are no exceptions to the rule. In many of these the prognosis depends more upon the behavior of the kidneys than is usually conceived.

About two years ago I had a most striking illustration of this in a case of moist gangrene. A negro man, aged about 36 years, came to me with gangrene in the toes of his left foot. The large toe was only slightly involved, the second toe was entirely necrotic; and the two adjacent toes had turned a bluish black, though this condition extended only through the epidermis. Upon questioning him, no cause could be ascribed to the trouble, and I concluded that it was of diabetic origin, or the result of some toxemic condition, due to renal insufficiency. Examination of the urine for sugar, however, gave negative results; for albumin, only a trace. Microscopical examination revealed only a few epithelial casts; but no evidence of advanced nephritis. The most notable thing in the case was some diminution in the daily quantity of urine voided, and this, principally, assured me that my suspicions were well founded. The patient was given a couple of compound cathartic pills, followed with salines, and a course of diuretics was prescribed. The gangrenous tissue of the large toe and the entire adjacent toe were removed, the latter was done without pain as enough necrotic tissue was left upon the stump to prevent the necessity of ligating arteries. To this stump was applied a little of iodised phenol, followed with nitric acid. Owing to the disagreeable odor, another application of pure formalin was made, after which a drying, antiseptic powder with absorbent cotton completed the dressing. This procedure was done purely as a temporary measure, in order to save time, and to watch the effects of the internal treatment. Upon the patient's return the next day, I found no extension of the gangrene; but rather evidences of beginning repair. The other two adjacent toes showed signs of returning vitality, shedding their necrotic epidermal layer of skin. With the continuation of the treatment for about three weeks the wounds were entirely healed. Note just here that no arteries were ligated in the case. Nature alone took care of the wound, and separated the healthy from the necrotic tissue. The patient was seen about a year after his dismissal, and he was following his daily vocations, and seemed to be enjoying good health.

Another illustration of similar import: About two years ago my medical services were requested by a man, aged 70 years, who was suffering with an interstitial nephritis. He had been successfully operated upon for gangrene of the foot, in which operation two of his toes were amputated; and with a little attention to his kidneys the wounds slowly healed. When he came under my care he was soon put upon mild diuretics, and especial attention was given to his kidneys, his diet and the condition of his bowels. Frequent tests of his urine disclosed more or less albumin, which, however, was not constant. Tests for sugar gave either negative results or mere traces. The microscope revealed hyaline casts and evidences of degenerative changes. As long as the kidneys could be made to respond to stimulants, he enjoyed a considerable degree of comfort, and at times expressed himself as about well. This state continued for about a year when progressive interstitial changes in the kidneys became very apparent. The urine became very scant, and at times pale, with a low specific gravity. Persistent headaches appeared, followed with hours of delirium; and as was feared, another attack of gangrene closed the scene. Note that this case was robbed from the disastrous consequences of gangrene for a year by simply giving close attention to the condition of the excretory organs.

Now if so serious and obstinate a condition as moist gangrene can be checked, and even cured in some cases, by correcting renal insufficiency, how supreme must be the importance of observing the action of the kidneys in dealing with many of our infectious diseases!

From many experiences of similar im-

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port to those recorded above, I have often wondered if there was not a closer relationship between renal insufficiency and the fatal intestinal lesions of typhoid fever, than is usually supposed. On two occasions in my practice, where specimens of the urine were scant and in an ugly condition, the cases ended with fatal hemorrhages. A third case, which had been previously treated by me for albuminuria, having a mild form of nephritis, developed some months later typhoid fever. During this spell of fever he was attended by another physician; but owing to my knowledge of his weak kidneys, I took especial notice of the case. It ended, as I had feared, with fatal hemorrhages.

Just here it may be well to make another allusion to typhoid fever. Since the cold baths have been almost universally used, and the free allowance of water by mouth more generally adopted, this dreaded disease is often robbed of many of its horrors. This is accomplished not merely by reducing high temperature, but by stimulating the kidneys to more adequately perform their functions in eliminating the rapidly accumulating waste products in the process of metabolism. This mild, continued stimulation of the kidneys, without, at any time, overstimulation with its reactions, is of unquestionable value in preserving the vitality of the tissues of the entire body. And so, under the applications of hydrotherapy, the process of regeneration among intestinal ulcers is more favorable than under the administration of depressing drugs of the antipyretic type; for many of these retard renal activity besides entering the system as an additional supply of poison to the tissues. Moreover, typhoid fever being a bacteremia, a mild, judicial stimulation of the excretory organs for many other reasons is highly indicated.

Again, another illustration of the close relationship of the renal functions with morbid processes in febrile conditions is strikingly manifested in the alkaline treatment of pneumonia. I refer to the use of sodium chloride and bicarbonate of potassium in repeated doses. This treatment, as well as some modification of it, has been gaining ground ever since special attention has been called to the fact that in pneumonia, as in other febrile diseases, a continual, progressive diminution of the excreted chlorides in the urine has been demonstrated. A diminished alkalinity of the blood has also been observed. In view of these observations, many theories have been advanced to explain the brilliant results recorded from the alkaline treatment. The restoration of the alkalinity of the blood in the febrile state, the regulation of asmotic pressure in the liquids and tissues of the body; the chemical composition of chlorine, by nature of which it acts as a sort of prototype to oxygen in conditions of sub-oxidation; the nutritive supply of the salt to the tissues, by which the vitality of the cells is erstored and rendered more capable of secreting their auto-protective anti-bodies in their contention with pathogenic bacteria, have all had their advocates.

To my mind, however, the alkaline treatment in pneumonia owes much of its success to its mild, continued diuretic action with no reactions from over stimulations, and without any meddlesome interference with nature's processes of circulatory adjustments. In support of this view, the reader's attention may be called to the fact that various alkaline treatments, some of which contain no chloride salt, have been used with similar results. A notable example is found in the potassium salts. For some time I have used benzoate of sodium with excellent results. Its mild, eliminative action upon the kidneys is too well known to need further comments.

In conclusion, it may be said, that though the subject of this article is very commonplace, and its import very apparent, its importance in the practice of medicine is seldom overestimated, Indeed, it may be reiterated, without injury to the general practitioner, that the action of the kidneys have a closer relationship with nature's processes of regeneration than is usually comprehended.

Pungoteague, Va.

Salicylic acid is said to be three times as powerful in preventing fermentation as carbolic acid.

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THE PESTIFEROUS MOSQUITO AGAIN.

By Robert Gray, M. D.

Dr. Taylor, in December, 1905, Summary, struck a major key note harmonizing with the truth applicable to the mosquito medium of infection in malignant fevers.

I put a somewhat milder and rather carelessly defined negative in November, 1905, *Medical World*, omitting to explain that nurses and I were bitten by all classes of mosquitos in vogue throughout seventeen yellow fever epidemics—merely stating that I had seen them take their beaks from fever patients and put them directly into the cutis of persons not infected—my own hundreds of times—rationally seeming to indicate that as the logical moment to innoculate, there being any semblance of logic or reason in the theory.

In the year 1866 or 67, data not at hand at the moment, Brennan, and other yet more inland, high, rolling prairie towns in Texas, were visited by a yellow fever epidemic so virulent that more than 90 per cent. died in the inception of the disease, which spread in a manner more fast and furious than ever before known, without mosquito intervention, as there were no such mediums there.

There are many tropical points where there are no mosquitos at any time, and many more where there are none for months and months of the dry season, yet remorselessly scourged by malignant malaria and yellow fever in the absence of mosquitos, said fevers abating at once and soon disappearing under the cooling influence of the rainy seasons, when the solid ground seems to spew up mosquitos in countless millions. Possibly the active flea served the turn of the mosquito during his vacation—the only possible medium for popular inoculation.

Possibly the advocating friends of the mosquito can explain the damaging anomaly to their pet theory, for I cannot even try, in any cogent strain, mosquitos are nearly driving me frantic this moment, possibly taking vengeance, worse to night than in months before.

Theories are fine conceptions, and, when they happen to chime with truth and assume logical utility, they become marvels wondrously surprising. We are in an age of theories and fads that, for the most part, utterly fail to materialize anything better than huge disappointment for their dupes.

Of all that are irrational and without semblance of intrinsic merit, as an applicable fact, this hoax of inoculating infection theory of yellow fever by the bite of a mosquito some two weeks after contact with the disease, is the most absurdly untenable. We have some brainy French cousins, possibly burlesquing the theory in refined delicacy, who pretend that the new family bred by infected mosquitos is sufficiently impregnated to transmit the deadly contagions far and wide, without waiting for patients to bite to acquire inoculating capacity.

Isolation of patients, before they develop the contagious state, is one fine principle of retarding the progress of the disease.

Petroleum, in my opinion, employed to destroy the mosquito, is the deadly antidote that destroys the disease, which I am positive breeds in water and enters the anatomy of man in the water he drinks, the same as malaria infects mankind.

This mosquito problem may have some value, if it can inspire public confidence sufficient to prevent panics where yellow fever makes its appearance, a calamity that possibly doubles the mortality very many times.

This perverse skepticism of mine I never participate to a native doctor here, and would not promulgate among your laity, for the reason just stated, that it might exercise some degree of serviceable influence in counteracting panics.

But I deem it an imperative duty to say to the profession that I am obliged to regard it false and of no scientific value whatever. Were I living in the blue grass region of Virginia and Kentucky I might be misled and deceived by such shallow subterfuges; but over forty years amid sporadic and epidemic yellow fever, and such other malignant tropical fevers as are said to be disseminated by mosquitos, unanswerably admonish me to put no

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faith in what I know to be worthless. If such fevers can rage in deadly epidemic, where there are no mosquitos, spreading like fire in a powder train, mosquitos are not participating factors where they exist in cloudy abundance, as they do here now.

I do not believe any mosquito in the world is absent from the perpetual swarms that prevail here. They are identically the gulf coast mosquitos that infest the entire line from Yucatan, Mexico, to Florida. The famous *stegomyia fasciata* are here in countless millions and sleepless energy. I know they do not inoculate fever into human anatomy, learned from the most crucial practical tests, free from any semblance of theory, neither malaria nor yellow fever being thus transmitted. I have been and am in correspondence with scientists of ability, on the gulf coast, who assure me that the average life of the stegomyia, filled with blood or ever hungry is nine days; and, that once filled with blood, it never again attempts to bite a new victim; that the life is the same under screen or corked in a bottle; that they have no anal regions; and they affirm other negative observations, hardly worth recounting.

The pernicious pest is the product of stagnate water or decaying vegetable matter sufficiently wet for the productive purpose, under high temperature, and nowhere else.

The positive knowledge I possessed that the most malignant epidemics of yellow fever were initiated and spread into raging fury without the bare existence of mosquitos where it thus prevailed,invested the theory with a contempt too profound to receive any measure of attention or investigation of mine.

The quantity of blood a mosquito sucks would necessarily contain fever virus almost too infinitesimal to be appreciable, even when the infectious stage of the disease is at the zenith. Presumably, agreeable to what we are supposed to understand, virus passes a developing process of some twelve or fourteen days before capacity is acquired to inoculate. One familiar with pernicious fevers in the tropics would naturally assume that such diabolical process would kill the mosquito, if the poison was not destroyed in the course of digestion, which seems the more probable presumption applicable to the problem. Now the virus, on the production it developed capable of inoculating the disease into healthy persons, is in the body of the insect. Any one who has been tortured by biting mosquitos knows that the instant the beak passes the cutis the blood begins to enter so freely that the pest is quickly too full to fly readily. Now, unless he has some evacuating process with exit at the mouth, and leaves his pestilential excrement in place of the blood extracted, how are we to get inoculation virus in sufficiency into the system. Sure a hungry mosquito will never evacuate into his fresh food supply, ere his appetite is gratified; and he cannot subsequently, unless he has an anal exit at the head, independent of his feeding apparatus; and my scientific correspondents affirm that he is not thus provided.

Such, gentlemen of the profession, in the United States, is the cold unsparing science, directly and remorselessly applicable to the theory of inoculation of yellow fever through the medium of mosquito bites. It is false, illogical, irrational and untenable. Science is somewhat elastic, for which reason presumptive audacity puts it under extraordinary strain sometimes as in this preposterous mosquito proposition; but well founded, irrefragable skepticism is far and wide afoot in the land, recruiting with astounding rapidity, to a degree that ethical editors of influential medical literature, who gave the fad enthusiastic support, at the start, are beginning to halt, in commentless silence, the signs of the times being adverse to the digestion of what they too eagerly swallowed without due knowledge and investigation of the peculiar morsel, which may yet require an energetic apomorphine to dislodge.

For the further information of the profession, in varifiable reach, Jacksonville, Palatka, Tampa and other Florida towns, once, when using well and river water, had malarial epidemics with heavy mortality half the year, that disappeared when cistern and artesian water was adopted, without any decrease of mosquitos.

Pichucalco, Chiapas, Mexico.

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Medical Progress

Under this head we endeavor to present a condensed summary of practical medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

RHEUMATIC MANIFESTATIONS IN CHILDHOOD.

Dr. E. J. McDonough enumerates under this category, growing pains, tonsillitis, chorea, endocarditis, pleuritic pains, torticollis, fibrous nodules and anemia. The treatment he recommends may be summarized as follows: (1) Flannels the year round; (2) iron and cod-liver oil for the anemia; (3) for some time after an attack, salophen; (4) starches and sugars are restricted; (5) immediate treatment when any of the foregoing lesions appear, especially if there be a rheumatic diathesis; (6) removal of tonsils, adenoids, etc., as the infecting material commonly enters the system by this route; (7) sodium salicylate during acute attacks, wrapping the joint in cotton or splinting it if necessary.—*Record.*

CONTROL OF LAUNDRIES.

In France laundries are controlled by law. Soiled linen is not allowed to be taken to the laundry unless packed in closed sacks or other suitable containers. Upon the arrival at the laundry the container and its contents are disinfected by prescribed methods. Suitable clothing is provided for the workers in the laundry; which clothing is frequently washed and disinfected. Food and drink are not allowed to be taken in the rooms where laundry is received.

ANTITOXIN NOT NEW.

The Roman naturalist, Pliny, related that Mithridates, King of Pontus, being afraid of poisoning accustomed himself to all known poisoning in an attempt to render himself immune. He also had an antidote, the principal ingredient of which was the blood of a duck, this fowl being taken because it had a reputation of living on poison. We therefore have an early illustration of the blood of an immune animal being used to make another animal immune.

KOCH ON MALARIA.

Prof. Koch has suggested a method for exterminating malaria which he proclaims as "my method." It consists of:

1. A microscopic examination of the blood to establish the diagnosis.

2. The training of non-medical men to examine the blood in order to assist the physician in malarious diseases.

3. Prompt administration and long continued use of quinine in every case.

4. The establishment of quinine dispensaries to supply this drug at the lowest price, and unadulterated.

5. Extermination of the parasite in the blood of children.

Koch holds the accepted view that infection is only transmitted by a mosquito. The proclaiming of this method as original with Koch is rather presumptious. Some parts of it are ancient history.

Some distinguished workers will not agree that quinine will always destroy or render the malarial parasite harmless. It is however, no doubt true that the shielding of individuals from the bites of mosquitoes, and the extermination of these insects will have its effect in stamping out malaria.

UBIQUITY OF TUBERCLE BACILLI AND DISPOSITION TO PHTHISIS.

Flugge, director of the Institute of Hygiene at Breslau, calls attention to the danger of infection from the droplets disteminated in coughing and speaking and upon this danger some of the most imporsant prophylactic measures are based. He shows that the tubercle bacilli is by no means ubiquitous; that it is seldom found in the dust of the street or in houses, and relates experiments and tests by various

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investigators to support this view. Among the latest is Praussnitz's examination of dust from certain railway cars used exclusively in transporting tuberculous subjects—recognized or unrecognized as such—and a large number of the germs are necessary for the infection of others. One investigator found it impossible to infect guinea pigs with 40 bacilli, but they invariably contracted the infection when twice or thrice this number was used. Paper cuspidors and handkerchiefs, that can be burned, are advisable for the use of consumptives. Scraps of sputum material are liable to cling to the fingers and to the clothing, especially around the entrances to the pockets.

NEW REMEDIES

Digalen an active heart tonic, which is used largely by specialists, is spoken of by such distinguished and skillful men as Drs. Fritz Schwyzer, of New York, and Cloetta, of Zurich. The name implies that it is taken from the plant known as foxglove or digitalis. Schwyzer says:

"My experiments with Cloetta's and other digitoxins and with digitalin have given me the impression that there is still a field in which digitalis is not sufficiently employed and where it would be beneficial. I mean its use as a safeguard in chloroform and other anesthesia. Prevention is always much easier than cure. Why not give some form of digitalis before narcosis? In most cases it certainly would do no harm if the patient were given two grains of the powdered leaves three times in the day before the operation. Or a few hours before the narcosis one could administer two-thirds milligram digitoxin hypodermically, or at the beginning of the narcosis, intravenously. I tried this with several of my heart patients, where an operation was necessary, with very gratifying results. It is a mistake to wait with heart stimulation until the heart begins to fail—in narcosis as well as in pneumonia—and all the heart stimulants put together do not equal this one drug, digitalis, which in many instances would act if given in time.

It is an excellent idea to protect the heart before giving an anesthetic.

Thiocol is a potassium guaiacol sulphonate, or soluable guaiacol. It is spoken of highly by Dr. Leffingwell Hatch, of New York; Dr. J. B. Johnston, of Providence, R. I., and many other prominent men in the profession.

The drug is indicated in bronchitis and the fevers, and given in tablet form of five grains. In tuberculosis and cough it is claimed superior to creosote. It is worthy of trial.

MEDICAL CHIPS OF PRACTICAL VALUE.

Treatment of German Measles.—Dr. Wm. T. Plant directs to keep in bed in a darkened room; diet of toast with hot bread and milk and various broths; cool water for thirst; frequent tepid bathing for troublesome itching; for headache, cloths wrung from cold lotions or hot mustard foot-baths; treat sore throat with spray or gargle of 1 ½ dr. potassium chlorate, 3 dr. glycerin and 4 dr. tincture chloride of iron in water to make 8 ounces.

Venereal Warts.—These grotesque vegetations are pink or red and pointed. They enlarge rapidly and secrete a yellowish, offensive discharge. By way of treatment Cantrell employs diluted Labarlaque's solution, followed by the application of powdered calomel, resorcin or equal parts of burnt alum and savin.

For warts Dr. Morison recommends the following:

℞	Hydrarg. chlor. corrosiv. .	gr. v
	Acid salicyl.	℥j
	Collodion	℥j

Sig.—Apply once a day, the crust formed by the previous layer being first removed. If necessary the mercurial salt may be increased up to 30 grains.—*Med. Record.*

In old men suffering with hemorrhoids it must not be taken for granted that the existing symptoms are solely attributable to this affection, but it must be determined by thorough rectal examination whether there is not present an enlargement of the prostate, which of itself often gives rise to rectal disorder.

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Notes and Queries.

FOR this department we cordially invite questions, comments and criticisms on all topics of interest to the physician in his daily work for the relief of the sick, thus making the Summary a valuable medium for intercommunication between the medical profession.

Correspondents will give their names and addresses, but initials only will be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

PNEUMONIA AGAIN, REPLIES TO MANY

Editor Medical Summary:

It would be quite onerous if not impossible to answer all inquiries regarding my article "Pneumonia, Its Successful Treatment" in the February number of THE SUMMARY. I will use these columns again and will say now that the article mentioned was simply intended as a kind of ante past, and of course special indications demand special treatment as they are manifested in each case. I did not mean at all to attempt to comprehend every remedy that may be useful in the successful treatment of pneumonia or even any one case. In that article I purposely avoided complexity that might confuse. I simply aimed to give the ground work or plan, so to speak, of poising the nervous and circulatory systems, etc. And those who know nothing of the active treatment of pneumonia after understanding the so-called ground work will be sure to comprehend in his treatment the full measure of active remedies indicated. I did not go into minutia and details for the reason that I once stood on nihilistic grounds full of nihilistic teaching and my dubitancy in understanding and accepting active rational therapeutics of pneumonia was just as great and just as hindering no doubt as occurs to other men who yet claim they cannot modify, etc., the course of pneumonia.

I do not want to appear indiscreet or fanatical and will endeavor to temper my statements of facts with prudence and circumspection so far as is possible under full conviction and confident belief corroborated by ripe experience, being aware of course that the greater the gap or disparity the more difficult for the human mind to bridge or harmonize with truth.

It would be too tedious and possibly uninteresting to give the whole process I went through in arriving at a working knowledge of the alkaloidal vasomotor treatment of pneumonia and the consolation and encouragement I felt when I acquired ability to understand, appreciate and utilize it. We comprehend the vastness of the chasm from dilaceration of the theory that nothing can be done, etc., to a successful treatment must seem, and too, when such pessimistic teachings, came from conspicuous members of the profession, have been accepted so long, we know the difficulty in understanding and accepting active therapeutic measure.

The jump is indeed great, too vast to accept without due consideration, which all truth is entitled to. I accepted it mysef *cum grano salis* and by degrees, and I give every man the same privilege, for no one can feel confident until he has worked out the whole treatment step by step until familiar with it in detail. The method has been given in foundation and structure time and again by most able and capable men. But what we say of the active alkaloidal vasomotor treatment of pneumonia we say from personal knowledge derived of experience, born of the positive assertions of Burggraeve and our own American men, than whom I am convinced none strive and have striven harder to know and promulgate the truth. Over enthusiasm will retard rather than promote or expedite, but when one has tried for years the so-called expectant plan and knows its shortcomings, failures, etc., and experienced the annoyance and perplexing confusion incident to it, always at sea never sure of his bearings for ten years, finding at the end of this time he is no better fitted to fight the grim destroyer in the garb of pneumonia than he was ten years previous. In each successive case

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just as much at sea. Surely there would be in the heart of that physician a hope, a desire, yea would he not cry pleadingly for something better, something to anchor to? So we feel we might be allowed some enthusiasm when for the past ten years we have used the active alkaloidal treatment, as we understand and are able to utilize it, and lost no case in that time. Surely I should have confidence in the method, and I have, when called to a case and I can have treatment administered as I direct; I feel safe and sure as to how I will find the patient in twelve hours. In the past ten years surely I have had just as grave cases as in the ten preceding. If the treatment did not cause results what may I ask can be the cause?

I have had grave cases recently that associated confreres were sure must die, for such cases always die, under expectant treatment. From correspondence I infer one spectreous spook to be frequent repetition of small doses especially of active powerful remedies. It seems that some figure when we direct aconitine, digitalin, strychnine or veratrine to be given, quarter or half-hourly, until the action of the remedy produces the effect required and desired obtains, that we mean that the remedy is going to be given every quarter or half-hour for nine days, when the crisis usually comes under expectant treatment, or longer as the case may be, is a mistake, brother. It is rare that the vasomotor helps are given so frequently, even for 24 hours, but if necessary we would give them. Usually in 3 to 8 hours we are in control of general manifestations, when the remedy or remedies are given as needed to hold all ground gained. But if by chance there is an exacerbation, we open up and do more rapid firework till we get control again. We watch the pulse and temperature as well as the emunctories keeping all as nearly normal as possible. Of course, sometimes extra effort is required and sometimes we must intensify every effort, and we do it. I want to call attention to the fact that some, prominent in the profession, decry aconitine, veratrine, etc., and declare they have no place in the therapy of pneumonia. Why will they not understand the action of these remedies necessary to produce the effect demanded? We do not want the full physiological effect. We do not give in lethal dosage. There is a difference, vast difference, if you please, between the effect of a full physiologic dose and the effect from remedial dosage, which balance and poise the circulation. We get the medicinal, the remedial effect, which is not by any means analogous to the full physiologic effect. There are fewer dissenters than ever before. That there should be any seems strange. That some prominent men, who should know better, still claim pneumonia self limited, etc., does not make it so. The source of a fallacy can by no means make it a fact. But have they tried the active method? Surely not.

It would seem more in harmony with the physician's calling to test the method before condemning and also to test it to expose the fallacy if such exists, and not to publish an unjustified opinion to the contrary. Error is error, and it behooves dissenter to justify our method or show the fallacy and smash the whole structure of our treatment. I have no intention to exaggerate, nor will I violently abuse in antagonizing contrary views. It is neither unfair nor asking too much to ask that the method be tested before it is condemned.

I stand firmly on this question. I have the full courage of my convictions. I am sure I have demonstrated the truth of every assertion. I have verified every point of contention. What I say I say from a knowledge of the facts matured in experience. Let it be positively understood that in the active alkaloidal vasomotor treatment of pneumonia patients I have full confidence, a confidence born of evidence at the bedside, matured in practice, Dr. Andrew H. Smith and Dr. H. B. Weaver in the columns of the *Medical Record* to the contrary notwithstanding. If it is not true, smash it. If in error none can be more earnest to know than I am; and truth will prevail.

J. R. LANDERS, M. D.

Bernadotte, Ills.

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THE MOSQUITO QUESTION,—REPLY.

Editor Medical Summary:

I note in the November SUMMARY an article by Dr. V. M. Taylor, on the mosquito question. The doctor calls attention to the fact that ships at sea have epidemics on board in mid ocean. Quite true, but then ships can carry a big load of mosquitoes from an infected port and it may be a week before any one is bitten by an infected mosquito. I went out from New Orleans once; the ship was full of mosquitoes but as it was a little cool they did not bite until we were out over a week. These same mosquitoes remained on board until we reached Africa, where the ship was fumigated. Later I went from Santos to Rio, then to New York. None of the mosquitoes were molested on the ship until we got to New York, where we were fumigated. On a troop ship I once saw the ship overrun with the common house flies. This was in mid ocean. I ascertained that the flies were hatched in the horse stables down in the hold. Now there is nothing to prevent mosquitoes being bred in the water tanks on a ship, and nothing to prevent mosquitoes on a ship being carried across the ocean. My office contains a number of mosquitoes which have remained in it since last summer. I have not molested them as I want to see how long they will live.

At this port when a ship comes from an infected port. First she is fumigated to kill all mosquitoes, then held five days before being released. Last summer the steamship Harold came here with eight cases of yellow fever on board, none of which had broken out until she had left Port Limon for some days. At the quarantine all sick were removed the ship fumigated held five days,then she came on in port with the rest of the crew on board.

The doctor says that "It is a mistaken belief that the mosquito injects anything into the blood when feeding." Can he tell what makes the pain and swelling if nothing is injected? Some people have great lumps raised where a mosquito bites them, surely it must be something from the mosquito.

As I have experimented with mosquitoes, and have seen lots of yellow fever, was with it all last summer, have seen it in foreign ports, I must say that the more I see of the fever the stronger is my belief in the mosquito theory.

H. H. WEST, M. D.

Gulfport, Miss.

PROSTATORRHOEA,—QUERY.

Editor Medical Summary:

Some time ago a man came into my office and said he had a discharge of white matter from his penis which dated back some weeks to a spree he was on. He is a married man and as far as I know has not had any intercourse with other women. The discharge consisted of a white, glairy material, rather sticky which caused the penis to itch and the urine burned upon being passed. There was no suspicious history of any kind, but acting upon the supposition that it was specific, I gave him the proper treatment; or rather accustomed, but it has had no influence upon the trouble. There is almost a constant discharge and at times burning when the urine is voided. A sound was introduced into the bladder and along its passage; there was considerable pain.

B. RAY BROWNING, M. D.

Littleton, N. C.

[Your patient has prostatorrhœa. This may have been incited by the debauch, but it probably has a long standing gonorrheal infection back of it. If you examine the prostate through the rectum, the palpating finger will discover swelling and tenderness of the gland, and at the time of the examination you can verify your diagnosis to the patient by "milking the prostate," and thus causing the appearance of the glairy fluid which worries him.

It is common to have these patients complain of burning on urination, and often, too, of pain and uneasiness after defecation. It is also common to note an inflammation of the veru montanum in connection with the discharge.

We would not say anything to the patient about the possibility of a gonorrheal history; just go ahead and cure him without explanations which could do no good

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and might cause doubt or dissatisfaction with the methods you were employing. Make sure that you retain the confidence of the patient, and re-assure him, even if he does not mention it, as to his maintaining his manly vigor. (He probably may worry you, later, on this point, as it is the common history of these cases that they experience a decline in erectile power and often in sexual appetite.)

He must lead a quiet and regular life, avoiding all alcoholics, and exercise his sexual function as little as possible. Forbid all salty foods, spices, alcohol and asparagus. Let at least one daily bowel motion be insured. Studiously avoid exposure to attacks of coryza, and let the work or exercise stop short of decided exertion. Irrigations of potassium or zinc permanganate, 1 to 4000, are to be given two or three times a week. A sound of proper size, cooled by ice, is to be inserted every four days. The prostate should be massaged through the rectum by the finger of the surgeon once every 5 to 10 days. Patient stands erect with feet slightly seperated and bends the body forward at a right angle. After the massage, the psychrophore, with either iced or hot water may be used daily in the intervals. Tonics of nitro-muriatic acid, quinine, and strychnine are to be given, and occasionally ergot is of great value in increasing tonicity. Rectal suppositories containing ichthyol and potassium iodide should be used nightly. Such treatment will cure your case if he will persist in the hygiene and treatment for a long enough time.—ED.]

DO BOOKS AND RAGS CONVEY DISEASE?

Editor Medical Summary:

About a year or more ago, I contributed an article for THE SUMMARY pages, under the caption of "Books as a Source of Contagion," and in the course of my remarks I stated that variola and rubeola were, beyond doubt, not only conveyed in clothing, but in the books lent out by public libraries.

Many of the brethren jumped at the conclusion that I was in the wrong, and one or two laughed at my statements, and thought I was a "crank." Now these same "cranks" are very useful people; for through them many reforms are promulgated. The latest and best definition of a "crank" is, "one who does not agree with us; an individualist." History affords many examples of them.

I would like the SUMMARY readers peruse what a Chicago scientist has to say on this subject. His deductions are based on good common sense and experience, and the following is what he says:

"The Public Library Board of Chicago became much agitated recently over the possibility of books spreading contagious diseases, and so put a special committee to work on the subject. The chairman of this committee was a celebrated scientist, and when the committee reported the doctor had several glass tubes containing various germs obtained from the books. Out of the fifty examined not one was free from them. The unanimous opinion was that books undoubtedly spread contagion.

This is a fact which may well make us serious, for though it is not necessary that we should allow our children to take books from a public library, still in many States the use of second hand school books is general. In Kentucky, for instance, second hand school books have found their way into nearly every school, and so have smallpox and other contagious diseases. Scarcely a county in the State has escaped the ravages of this disease, and in most cases the manner of its approach is mysteriously unknown.

Public spirited medical men in Cincinnati declare the indiscriminate use of second hand school books is a constant menace to the public health. As evidence they cite innumerable instances where contagion has resulted from books exposed to infectious diseases, sometimes after a period of fifty years. Books are considered one of the best natural cultures known for disease germs, and no mode of sterilization will cleanse them. This fact has long been recognized by health experts. Where books have been exposed even to the atmosphere of rooms in which beere was contagion present they have then promptly destroyed.

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The dealers, to do them justice, have all their books disinfected. But though the outside of books may be thoroughly disinfected, the germ may be within between the leaves and remain unharmed. To thoroughly fumigate it would be necessary to subject each leaf to the process, which would naturally take so much time and be so expensive that it would be cheaper to buy new books than to sterilize an old one.

L. G. DOANE, M. D.
New York City.

CALCIUM SULPHIDE.

Editor Medical Summary;

Calcium sulphide is an unstable combination of calcium sulphate and sulphuretted hydrogen. Exposure to the air decomposes it rapidly.

Its therapeutic activity covers a large field. It is a systemic antiseptic and is indicated in all systemic infections.

In successive crops of "boils," this remedy is a valuable one, absorbing and preventing the development of other "comforters."

It should prove reliable and efficient in the medicinal treatment of carbuncle.

In the treatment of the communicable diseases, as measles, scarlet fever, diphtheria, pertussis and smallpox, calcium sulphide has its most important field. If an active preparation is used and the patient saturated with it, so that the eructations and perspiration smell of the drug, experience shows that this remedy is of the greatest benefit in these diseases, not alone shortening the course and preventing sequelæ, but in preventing the development after exposure to infection.

In measles, it eases the bronchial irritation, and its tendency is to prevent the sequel, broncho-pneumonia, so fatal following this usually mild disease.

In scarlet fever, it reduces the inflammation in the cervical lymphatic glands and will prevent suppuration.

In diphtheria, calcium sulphide should be given in solution freshly made, as in this way the throat is bathed freely with the sulphuretted hydrogen and the result is more quickly apparent. In severe cases the remedy must be given in large doses, frequently repeated. One to five grains is easily and safely given and the only possible bad result is nausea or vomiting. In other words, calcium sulphide is harmless and may be given for weeks with no ill effects.

In pertussis, this preparation holds a conspicious place. Sulphuretted hydrogen is eliminated by the lungs and produces excellent results in alleviating the irritation, markedly reducing the number and severity of the paroxysms.

Pitting of smallpox is less marked if the blood is saturated with calcium sulphide.

Quinsy or suppurative tonsillitis is often aborted. It is useful in gonorrhea and gonorrheal rheumatism. In pyelitis, pyelo-nephritis, following typhoid fever, it is certainly curative, and is enhanced in its action if arbutin is administered with it.

In scabies, pediculosis, it is of benefit, sulphuretted hydrogen being excreted by the skin. In purulent bronchitis, it lessens the secretion.

General tonics should be given in conjunction with this remedy in all asthenic cases. There is nothing better than the triple arsenates of iron, quinine and strychnine with nuclein.

To obtain the best effects, an active preparation of calcium sulphide is essential.

R. J. SMITH, M. D.
Smithfield, Utah.

VARIOUS TOPICS.

Editor Medical Summary:

Busy doctors like the SUMMARY because it is practical, pointed and eschews long and learned dissertations. I often wonder if the 3000 to 10000 word articles that glisten with erudition in so many journals are really read by any considerable number of medical men. There is a disposition on the part of the A. M. A. to freeze out independent journalism of medicine. The independent journal that gets in close touch with the masses of physicians will always have a liberal patronage.

Dr. Waugh, in a personal letter asks the question whether there is any other treatment for diphtheria beside antitoxin.

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At a medical meeting the members refused to listen to those who would even give any treatment supplementary to the specific so generally accepted. Is this conservatism or is it foolishness? What say the profession?

I have before in this journal spoken of the value of suggestion as an adjunct in all therapeutic procedures. The buzz and glamor of the static machine does the patient nearly as much good as the currents that go through him. Enthusiasts will deny this, but the fact remains. If a doctor could carry a static machine around in his pocket he could inspire the confidence of every patient. A good thing for every doctor to have is a Veedee vibrator made by the Veedee Vibrator Company, of New York. It is neat and useful and quite portable. It is a strong suggestive factor, but is much more than that. It relieves muscular soreness, headache and many conditions dependent upon nerve tension.

Most physicians pay too much attention to keeping their patients supplied with "dope" of some kind, rather than regulating their diet, hygiene, habits and environment generally. Drugs are very useful but should be given for distinct conditions. If you have nothing for a condition give placebos. Recently a man applied to me for a treatment, or rather a "cure" for the tobacco habit. I know that such a thing does not exist, *per se*, but I gave the fellow sugar of milk tablets to take every two hours, when awake, not to miss a dose. The cure was very speedy. I had given him a few apomorphine tablets to take in case he just had to have a chew. The apo. was used sparingly. I cured this man of a filthy habit with nothing practically in the way of medication. I am ashamed to have so igotistically used the word "cure" in the last sentence. A modest, sensible man ought not talk of performing cures. Leave that to the blatant quacks and recent graduates. With them dame Nature so often plays the role of a minor understudy.

Vasculin is a production of synthetics which I have recently tested with much satisfaction. It is a blending of the therapeutic constituents of eupatoreum, viburnum and amygdalus. Spinal erethism is its special indication. In all cases where there is vasomotor instability it steadies the circulation and relieves pain. It is an excellent remedy in rheumatism, la grippe, genito-urinary affections, ovarian and other neuralgias. In fact wherever a sedative is indicated, as nervousness, hysteria, insomnia, vertigo, dragging, obscure pains, prostatitis, etc., this is, I have found to be, a most valuable agent. Vasculin by its action upon the spinal cord relieves all reflex irritations and is a dependable antispasmodic.

This letter is a little on the iconoclastic order. I do not wish to pose as a "knocker." The truth is what we all want. Why don't medical writers report some of their failures as well as their great achievements? We learn more from our failures than from our successes.

W. T. Marrs, M. D.

Jewett, Ills.

ANGINA PECTORIS.

Editor Medical Summary:

A physician summoned to relieve a patient in an attack of true angina pectoris must be prepared to give relief if possible and to do so at once.

There is no time to be lost. The situation is always most alarming for all concerned. It is safe to say that the condition known as angina pectoris may be caused by any disease of the heart or the large blood vessels near it. The impression made by one in an attack is one never to be forgotten, a picture of agony that one never forgets.

In all the cases I have been called upon to relieve, the facial expression and general condition is very like one suffering momentarily from a very severe cramp in any part of the body. The voiceless cry for help is most vividly expressed. I am satisfied from the experience I have had in these cases that often suppressed emotion as in anger, fright, fear, sudden joyous shock, etc., also continuous worry, where the heart conditions predispose will precipitate an attack.

Not long ago I was hurriedly summoned to an elderly lady patient. I found her seated in an old fashioned rocker, her

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skin bathed in perspiration, she was almost moribund; pulse was very much weaker than usual in these cases. The look of agony portrayed in her face was startling.

I was informed that my patient had not complained through the day, went to bed at the usual hour, but that she had been very much upset by the contents of a letter received in the early part of the day.

I gave my patient two granules of glonoin, gr. 1-250 each, and one of hyscyamine amorphous, gr. 1-250, every five minutes for six doses.

Noticing an improvement in the condition I added 1/6 gr. capsicum to the above and gave her four doses at intervals of fifteen minutes. In two hours time a great change for the better had been brought about. Thoroughly realizing the gravity of the symptoms at the beginning, this radical change in so short a period of time seemed nothing short of a miracle. My patient made a splendid recovery. Arsenic iodide was prescribed for daily use.

An unmarried daughter, of a highly nervous temperment, but old enough to know better, was the principal object of care in the second act of this episode. Being assured that her mother was better and satisfied the statement was true, she gave way to a paroxysm of hysteria and tried, to the best of her ability, to feign symptoms observed in her mother's attack.

A hypodermic injection of apomorphine, gr. 1-10, soon changed her mental condition and she was busy trying to overcome a few bona fide symptoms that apomorphine will gerferally produce.

F. S. Bloss, M. D.
22 Second St., Troy, N. Y.

DIETING.

Editor Medical Summary:

Every doctor should read Dr. Hutchinson Wood's admirable article on "Delusions of Diet," in the April issue of *McClure's Magazine*. Dr. Wood's conclusions are based on wide experience, close observation and a large fund of good common sense. The reasonableness of what he says is borne in upon the reader and the article will do great good in that army of semi-invalids who live on innutritious and unpalatable foods with the idea that they are making sacrifices to the goddess of health.

Dr. Wood believes that dieting is an important adjunct to the treatment of disease but he also believes that the necessity for dieting is temporary and that the patient should return to the use of mixed foods as soon as may be, that the digestive organs weaken unless their powers are heartily taxed, that the patient's strength and vitality will decline on a slim or a one-sided dietary, and that he will eventually become unable to manage ordinary food by a process similar to atrophy.

All this is very true, but there is one point not fully elucidated which leads me to write this article. Where disease effects the digestive organs themselves, primarily, in many cases, dieting and continuous dieting at that, is absolutely necessary.

It is one thing to diet a man whose digestive organs are temporarily weakened by disease of some other part, or who is suffering from some of the ills engendered by a plethora of good things to eat, and a quite different problem to handle a weak and irritable stomach, which exhibits intolerance for the very articles of diet considered most beneficial and nutritious to the run-down system.

In the first case the patient can, in time, return to the ordinary diet of meat, vegetables and breadstuffs with profit; in the second case nothing is gained by trying to force the digestive organs to do what they are manifestly incompetent to do.

Theoretically it is admirable and natural to walk on your feet, but if you lack feet, or if they are so maimed they cannot support you, then better walk limpingly with the aid of crutches than not at all.

It is a great thing to have vigorous digestive organs and food which healthily stimulates them to do their utmost, is unquestionably best, other things being equal, but some persons are so constituted that the digestive powers remain infantile throughtout life or revert to this state, through stress or old age, and pap of some kind they must have. The usual diet of solid food would fail to nourish them simply because they cannot digest it, whereas a suitable diet selected with due regard to

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their deficiencies will enable them to enjoy a fair measure of health and strength.

I have in mind the case of a man who has eaten practically no solid food in many months. His diet consists of malted milk, oatmeal, beef broth thickened with rice, egg-nog, orange juice, soda crackers and ice cream.

On this diet he is able to work and get a fair amount of enjoyment out of life. Every attempt to give this man solid food —and many were made before the exact nature of his trouble was made plain— was followed by severe colics and sometimes vomiting, terminating in nervous chills, fever and heavy sweats.

His condition was variously diagnosed as malaria, gall-stones, etc. Whatever the nature of the trouble, it was controlled as soon as all efforts to return to his usual diet were discontinued. He also received the benefit of a remedy appropriate to the treatment of intestinal indigestion with inactive liver and pancreas, but he was never entirely relieved of the attacks until by cautious experimentation a diet was found which his digestive organs could handle and he was restricted to this diet.

Since that time he has not had a single attack, has gained flesh and improved in every way, although now and then he is alarmed by unwise friends who tell him that his diet is not sufficient to support life.

No theory however rational will serve us in all cases. Every one must be individualized and the treatment adapted to his or her specific needs.

M. M. Foy, M. D.

St. Louis, Mo.

BLISTERS IN PNEUMONIA—REPLY TO QUERY.

Editor Medical Summary:

Dr. Lucien Lofton, of Belfield, Va., in your April number asks how blisters do good in pneumonia, and adds that in his judgment they are useless. Is his judgment based upon experience, or upon his knowledge of the "gross anatomy of man?"

In my humble judgment any physician who does not favor the blister in pneumonia either has not tried it at all, or has used it too late (morabund cases) or perchance has used, as I have seen, a blister too small to be of any use.

Try it in three cases doctor, just as soon as you can diagnose pneumonia, put on a blister, on adult, 6x8 or 7x10; get a deep blister and dress with flaxseed poultices for several days, and I think you will believe in blisters hereafter. I began practice in 1876 and until 1882 regarded the Fly blister as an antiquated barbarous remedy, but experience is the best teacher.

Jesse Ewell, M. D.

Ruckersville, Va.

AN INTERESTING CASE AND ITS SEQUEL.

Editor Medical Summary:

On the 20th day of last December a lady came under my treatment; the history of the case was as follows: Her age was 30 years; she lived in a neighboring State; she had had three miscarriages, quite near together, was taken flowing for ten to fourteen days at each menstrual period; severe pain in lower part of abdomen, with profuse leucorrhea, between the menstrual periods. A doctor in the city was called to see her, he made a vaginal examination, which caused her a good deal of suffering. He proposed to scrape out the contents of the uterus, to curette the neck of the uterus and perform other stunts; that is the favorite pasture of those who love to "operate;" when there is any possible excuse for an operation; but she most respectfully declined to submit to any operation. She had heard of a doctor over in "Jersey," who cured such cases without an operation. When I saw her there was a hardness of the pulse denoting a focus of inflammation somewhere; she was so weak she could hardly walk across the floor; with no appetite, costive bowels, pearly tint of the whites of the eye, denoting a drain upon the system from the loss of blood at the frequent monthly periods.

A vaginal examination disclosed a congested condition of the neck of the uterus; with a relaxed condition of the mouth of the uterus. Almost the first question she asked was: "Doctor, can you cure me without an operation?" I said, "I cer-

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tainly can; in a week you will be better, and in a month you will be out visiting your friends. I prescribed:

℞ Tct. aconite rad. . . . gtt. x
Tct. macrotys . . . . gtt. xx
Aqua . . . . . ℥vj

M. Sig.—Teaspoonful every hour. For the congestion of the uterus apply a Micajah uterine wafer to the neck of the uterus every other night, after an injection of warm water.

In twenty-four hours congestion of neck of uterus was better, less pain, less soreness over abdomen. I then gave her two granules of strychnine arsenate, 1-134 gr. before meals, and at bedtime I ordered her to take one Buckley uterine tonic pill every three hours, two hepatic pills at bedtime to move the bowels. In a week she was decidedly better, in a month's time she had her monthly period, and it was normal, only lasted three days; she went out visiting her friends. At this writing she has gone to work in a factory and is perfectly well.

I have used the Buckley uterine tonic in many cases successfully; and they are almost as good as the French tonic I heard about; in one of the testimonials given by a layman in praise of the tonic, he said: "Before my wife took your tonic she would not let me sleep with her, now since taking your tonic she will let anybody sleep with her."

Eli G. Jones, M. D.
85 Bayard St., New Brunswick, N. J.

"SMOTHERING SPELLS."

Recently I was in consultation with a physician, who I knew to be very successful in practice, with a patient who was having "smothering spells" every night and almost dying with them.

He told me that he had never known cimicifuga and aromatic spirits of ammonia to fail to give relief and prevent this condition, but we did not give them a trial in this case as neither one of us had the remedies and it was a long ways to the drug store. I am of the opinion that the cimicifuga and aromatic spirits of ammonia would be of much value in such conditions. It is a well known fact that cimicifuga acts somewhat similar to digitalis on the heart, without any of the bad effects that digitalis has besides it is a non-toxic agent and is safe. If given in very large doses it causes unpleasant dreams, like large doses of scutellaria.

I often see patients who have these "smothering spells" and have to keep something on hand for them and I expect to give cimicifuga and aromatic spirits of ammonia a trial in my next case. I have been using glonoin for these cases and find it generally relieves. I generally use it with other remedies. A physician got me in the habit of using a tablet, made by P. D. & Co., and several others, composed of the following in each tablet:

℞ Glonoin . . . . . gr. 1-100
Tct. strophanthus . . . . m ij
Tinct digitalis . . . . . m ij
Tinct. belladona leaves . . m ¼

M. Sig.—One or two tablets.

These tablets do very well when the heart is slow and weak, but when it is fast they are but little value. I once saw an editorial on these tablets in a medical journal, and the editor claimed it to be an incompatible prescription. But we all know that incompatible remedies are often used together. For instance, who does not use a combination of morphine and atropine hypodermically.

Another old remedy, or compound, for heart diseases is equal parts of tincture of belladonna and digitalis in 10 or 15 drop doses every two, three or six hours, as needed. I have known this compound, made from the U. S. P. 1905 tinctures, used in 15 drop doses every hour. The U. S. P. tinctures are not so strong.

I have never used cactus for "smothering spells" but think it may be of value in mild cases as it has proved to be the best heart tonic I have ever used, and is safe.

J. A. Burnett, M. D.
Cecil, Ark.

CORRECTION.

In the April Summary, Dr. Lander's article, page 53, right hand column, 25th line from bottom, read veratrum instead of veratrine, and in same column, ninth line from bottom, a fractional part of a granule, instead of a fractional part and a granule.

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SODIUM SALICYLATE

Editor Medical Summary:

Most all physicans use sodium salicylate. I know one physician who uses it in place of morphine to relieve pain and prefers that made from oil of wintergreen. I have had quite a correspondence with physicians in regard to what was the best preparation of sodium salicylate to use and find that it is about equally divided by those who have used both the commercial preparations and that made from oil of wintergreen. Several wrote me that they had used the commercial sodium salicylate and also the salicylic acid made from oil of wintergreen and could not see that it had any advantage over the synthetic product. Others would say that which is made from oil of wintergeeen was better tolerated by the stomach. One physician wrote me that he preferred that made by Schering and stated it came in blue bottles, and that made by Schiefflein was a little cheaper and the next best. In conversation with a physician he told me he always used the commercial preparation and got very good results. He said that some claims were made for that which was made from oil of wintergreen but there was usually "an axe to grind," and I about agree with him.

An old, retired, experienced physician told me that sodium salicylate would cure malaria when quinine had failed. He combined it with acetanilid and caffeine and used it as an antipyretic to bring a fever down. He said there was no danger in using enough of it to hold the fever down and the compound would relieve most pains.

A combination of sodium salicylate, acetanilid and salacin is of much value in neuralgia, also in malaria. Sodium salicylate is of value in asthma due to the uric acid diathesis; of value in throat trouble, catarrh of the bile ducts, catarrhal pneumonia, chorea, when due to rheumatism, to abort cold, when combined with aromatic spirits of ammonia; in dysenteric diarrhea of children, used by injection; dysentery, enteritis, folliculitis in children, hay fever due to lithemia; as a local application to inflammation of the joints, migraine, multiple neuritis, *tic douloureux*, tonsillitis, toothache, as an anodyne in glaucoma; solution for disinfecting the bladder, stomatitis, rubeola, scleritis; most all forms of rheumatism, pyelitis, ophthalmia of rheumatic origin, pericarditis, pleuritis, pleuritis exudates, pneumonia in children, during the first stage; as an injection in offensive lochia, as a dusting powder for night sweats and for various other diseased conditions.

Physicians should decide upon what is the best and most reliable preparation, that which is made from oil of wintergreen or the synthetic product.

JOHN ALBERT BURNETT, M. D.
Cecil, Ark.

According to Dr. Posner, of Paris, a noted specialist, the gonococcus is evidence of the existence of disease, but further than this is of no practical value. As to treatment, which must be to combat the inflammation, he suggests injections, but admits that they are dangerous and liable to excite cystitis, stricture and other complications, if not used with great care and caution. Professor Valentine, of New York City, showed that the gonococcus could be found by the microscope after the inflammation and discharge had ceased, and other noted men declare that all treatment should contemplate its cure. Now it has been suggested that if some way could be found to administer sandal wood oil, by injection, better results could be gained. Let us take up the subject and try to solve it.

A writer says, that immediately a woman becomes pregnant, two little prominences show themselves under the tongue, about the size of a number four shot, of a purplish red color. They are present in the non-pregnant, but scarcely perceptible.

In all doubtful cases of tuberculosis, an examination by the microscope ought to settle the question, although it may be set up, that all germs listed are found in healthy tissues, but become active and fatal, when the reconstructive elements are destroyed, and the physical forces are wanting. A healthy man whose functions are active can and does resist disease.

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Favorite Prescriptions.

FOR HEPATITIS, CATARRHAL JAUNDICE, ETC.

Editor Medical Summary:

In compliance with your request for favorite prescriptions I submit the following:

℞ Nitromuriatic acid dil. . . . 12.
Tinct. cinchona comp. q. s. ad 128.

M. Sig.— One teaspoonful in water three times a day, between meals. Wash mouth after taking to preserve teeth.

SAMUEL E. EARP, M. D.
24½ Kentucky Ave., Indianapolis, Ind.

FOR SORE EYE LIDS.

Editor Medical Summary:

When the margin of the eye lids become sore and inflamed apply the following ointment along the margin and the results will please you:

℞ Hydrarg. oxid. rub. . . . gr. ij
Vaseline . . . . . ʒiij

Rub up well. Sig.—Apply locally to the margin of the eyelid.

J. L. FENNEL, M. D.
Waterloo, S. C.

FOR TONSILLITIS.

Editor Medical Summary:

After fifteen years close study and trying most of the remedies recommended for the different forms of tonsillitis, especially quinsy, I have found almost a specific in the following:

℞ Tinct, phytolacca rad. (green tincture), ʒ j
Ammonium chloride. . . . ʒij
Make solution and add hot strained
Honey . . . . . ʒj
Listerine . . . . . ʒiij

M. Sig.—From a half to one teaspoonful every two or three hours.

I make my own tincture phytolacca as follows: Take one pound phytolacca root, cut very fine and add one pint of 95 per cent. alcohol, let stand for ten days; filter and you will have a good article.

I use sodium borate for a gargle, and to clean out the bowels I use 1-4 grain doses of calomel, repeated every 2 hours, or better still:

℞ Mercury proto-iodide . . gr. iij
Sugar of milk . . . . . gr x

Mix and make 12 powders; give one powder every 2 hours until the bowels move.

IRA A. MARSHALL, M. D.
Ironton, Mo.

A LINIMENT,—BOWEL TROUBLES.

Editor Medical Summary:

I always enjoy your magazine very much. I read with interest the prescriptions I see in the "Favorite Prescription" column. I want to send two of my favorite prescriptions to you and hope you will be kind enough to publish them. I have been using them for a long time and have never had them to fail me yet. The first is a liniment I use for nearly all pains, headache, backache, rheumatism, and in fact all pains we have to deal with. The second is a bowel medicine. Summer bowel troubles of all kinds. Hoping these will help some brother out of trouble:

FOR LINIMENT.

℞ Tct. aconite . . . . . ʒii
Spirits camphor,
Chloroform,
Tct. capsicum,
Oil cajuput . . . . . aa ʒiij
Spirits rectified . . q. s. ad. ʒiv

M. Sig.—Local use only. Rub with flannel rag and then remove rag.

FOR BOWEL TROUBLES.

℞ Bismuth subnit.,
Tct. catechu,
Papine . . . . . aa ʒss
Syr. ginger . . . q. s. ad. ʒiv

M. Sig.—Teaspoonful every 2 to 3 hours, E. B. YOST, M. D.
Greenville, Ky.

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New Publications.

We can supply any Medical Book noticed in these pages or issued by any Publisher, on receipt of the publisher's price.

A TEXT-BOOK OF MATERIA MEDICA, THERAPEUTICS AND PHARMACOLOGY. By George F. Butler, Ph. G., M. D., Associate Professor of Therapeutics in the College of Physicians and Surgeons, Chicago. Fifth Edition, thoroughly revised by Smith Ely Jelliffe, M. D., Ph. D., Professor of Pharmacognosy and Instructor in Materia Medica and Therapeutics in Columbia University (College of Physicians and Surgeons) New York. Octavo of 694 pages, illustrated. W. B. Saunders Company, Publishers, Philadelphia and London. 1906. Price, Cloth, $4.00 net; Half Morocco, $5.00 net.

The present edition of this eminently practical work has been entirely remodeled, rewritten and reset, bringing it in accord with the 1905 edition of the Pharmacopeia. All obsolete matter has been eliminated, and special attention has been given to the toxicologic and therapeutic effects of the newer compounds. The general arrangement of the book has been so changed that those drugs the predominant action of which is on the one system of organs of the body are grouped together, thus suggesting their therapeutic as well as their pharmacologic alliances. This is, in our opinion, a more thoroughly practical and useful classification than any other. By the use of more compact type the book has been reduced in size; which is a feature not to be regretted. It is a pleasure for us to recommend such an eminently practical and useful work as this to the general practitoner.

CHRISTIANITY AND SEX PROBLEMS. By Hugh Northcote, M. A. Crown Octavo, 257 pages. Bound in Extra Cloth. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa. 1906. Price $2.00 net.

In the introductory chapter of this work we find the following statement:

In a single sentence of their book, two modern biologists have given pregnant expression to one of the most imperative of present day needs. We need, they say, a new ethic of sexes. Such a new ethic is being gradually evolved as the outcome of the thoughts and labors of many, writing with various motives and with a greater or less degree of conscientiousness on the series of problems arising from the physiology and psychology of sex.

The author of this volume is evidently master of the subject which he discusses, and he argues the question in a clear, straightforward manner.

NASAL SINUS SURGERY WITH OPERATIONS ON NOSE AND THROAT. By Beaman Douglass, M. D., Professor of Diseases of the Nose and Throat in the New York Post-Graduate Medical School and Hospital. Illustrated with 68 full-page Half-tone and Colored Plates, including nearly 100 Figures. Royal Octavo, 256 Pages. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa. 1906. Price, Extra Cloth, $2.50 net.

In this work we have presented a concise and most admirable description of all the ordinary operations upon the nose and throat, embelished throughout with numerous fine illustrations, which is a distinctive feature, and a most admirable one indeed. The contents of the volume is divided into ten chapters, which are as follows:

The first chapter is devoted to a general anatomical study of the nose, the second, third, fourth and fifth, to the various accessory sinuses; the sixth to Deflections of the Nasal Septum; Operations for Nasal Deformities; Paraffin Injections; the seventh to Turbinectomy; the eighth to the Tonsils, Adenoids and Uvula; the ninth to Exostoses and Synechiæ; the tenth to Laryngotomy and Tracheotomy.

This book is not alone of value to the specialist, but would be a valuable addition to the library of every general practitioner as well.

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THE ECLECTIC PRACTICE OF MEDICINE. By Rolla L. Thomas, M. D., Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute, Cincinnati, O.; Ex-President of the National Eclectic Medical Associatidn; Consulting Physician to the Seton Hospital. Illustrated with 2 lithographs in colors, 6 color prints and 57 figures in black. 8 vo., 1033 pages. The Scudder Brothers Company, Publishers, No. 1009 Plum Street, Cincinnati, Ohio. 1906. Price, cloth, $6.00; sheep, $7.00.

This is a handsome large volume of over a thousand pages, and represents, from the eclectic standpoint, the most complete, modern, up-to-date work on practice published. In fact, it compares favorably with the best works eminating from the ranks of any school. The principal distinguishing feature being the definite manner in which therapeutic agents are applied in disease conditions. While these are the essential points of differences upon which we may not all agree; yet the gap is not so wide that it would not enable us to pass over from one to the other, and all meet on common ground if we only thought so, and many are constantly passing over, but yet there are others that look at it in the light of a barrier as great as the Chinese wall. Suffice it to say that this work is an honor to the Eclectic School, and a valuable contribution to the science of medicine, and from the careful perusal of which all may glean points of therapeutic value and add to their storehouse of medical lore, as it were.

A COMPEND OF OBSTETRICS; ESPECIALLY ADAPTED TO THE USE OF MEDICAL STUDENTS AND PHYSICIANS. By Henry G. Landis, A. M., M. D., Late Professor of Obstetrics and Diseases of Women in Starling Medical College. Revised and Edited by William H. Wells, M. D., Demonstrator of Clinical Obstetrics in Jefferson Medical College, Philadelphia, etc., etc., Eighth Edition, Illustrated. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, 1906. Price, Cloth, $1.00.

The fact that this little book has passed through eight editions is alone sufficient evidence of its popularity. In the revision of the present edition this popular compend has been brought up-to-date in every way, and it presents in as brief a space as possible the instructions of the best known teachers of obstetrics throughout the country. Much new material has been added, including an appendix containing tables of certain obstetric constants, which will, no doubt, be found of value to students attending lectures and demonstrations.

THE PHYSICAL EXAMINATION OF INFANTS AND YOUNG CHILDREN. By Theron Wendell Kilmer, M. D., Adjunct Attending Pediatrist to the Sydenham Hospital; Instructor in Pediatrics in the New York Polyclinic Medical School and Hospital, New York. Attending Physician to the Summer Home of St. Giles, Garden City, New York. Illustrated with 59 Half-tone Engravings. 12mo., 86 Pages. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa. 1906. Price, Cloth, 75 cents, net.

This small volume, consisting of less than a hundred pages, treats on a subject of which nearly all the text-books on pediatrics are deficient, and as the training of the average practitioner has been along the lines of the physical examination of the adult, and his knowledge of the physical examination of the children therefore being deficient, and as the great secret in the treatment of disease is to first make a correct diagnosis, it becomes at once apparent that the little book before us will prove of inestimable value to the general practitioner. The author's direct aim and only desire has been to instruct the student or practitioner how to examine a baby, and in this he has, evidently, succeeded most admirably.

Dr. J. L. Fennel says that equal parts of tincture iodine and glycerin smeared over the tonsil and fauces will often abort a severe case of tonsillitis.

For erysipelas give tincture of iron internally and apply ichthyol ointment, 50 per cent. externally. No earthly power can keep your patient from getting well under this treatment.—J. L. Fennel, M. D., Waterloo, S. C.

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Summary Gleanings.

Antitoxin, is, no doubt, an improvement on the immunization practiced by the Egyptians.

For anal fissures, sore, tender piles, hamamelis unguent, frequently applied will soon relieve.

For the removal of gas from the bowel try powdered alum in your enemas, thrown high up in the bowels, writes Dr. Fennel.

In artero-sclerosis where the arteries are hard like pipe stems, potassium iodide is the remedy to use, writes Dr. J. L. Fennel.

For sciatica give one drop of the tincture of apocynum canabinnum, in a little water, every half-hour, until pain abates, then every hour or two until cured.

Dr. Jones states that minute doses of eucalyptus, frequently repeated, will control the high temperature in typhoid fever better than any other antifebrile remedy.

It is stated that gelsemin, a half grain, and lupulin, three grains, mixed in one powder, taken every night will cure nocturnal emissions.

Uresin, says Bastedo, is a double citrate of lithium and urotropine, which is used to diminish uric acid excretion and dissolve gravel.

Ammonium bromide, 20 grains, three or four times a day, is highly recommended for sleeplessness of worry, sorrow, fear, suspense and jealousy.

Echinacea is considered an indispensable remedy in the treatment of stomach and intestinal troubles during the summer months in both children and adults.

The report of the department of health of New York for three months ending March 31 shows deaths from measles to be 349, while only 356 deaths occurred from scarlet fever during the same period.

Aromatic sulphuric acid is at times a useful remedy for night sweats in phthisis. It possesses some marked disadvantages. It could not be used for any length of time; it frequently produces constipation.

For xeroderma pigmentosum Dr. Brayton curettes the morbid growths and applies Fowler's solution locally to prevent recurrence and further extension of the malignant process.

The care and attention to disinfections given in France to laundries, is worthy of note; if equal care were given to the books loaned by public libraries much disease would be avoided.

Hamamelis and pure glycerin mixed, in the proportion of one part to two, and used as lavement, gargle or spray, as the case may require, is a valuable remedy in catarrhal affections of the air passages.

Cow's milk is frequently about the only nourishment taken by infants and invalids. It is these very classes that are least able to withstand the ill effects of impure foods, hence the vital importance of securing pure, wholesome market milk.

Medicines are not always the proper things, for, although of value and benefit, they can not be used in every instance successfully, unless good nursing and proper food are included, with proper sanitary measures added.

A tablespoonful of Pond's extract of witch hazel in a cupful of warm water, injected into the vagina, forcing it well up, three times a day, is claimed to cure the most obstinate cases of leucorrhea in a few weeks.

In varicose veins inject 20 drops of hamamelis tincture behind the vein; whilst the vein is being lifted up with a fold of the skin; one injection will generally produce a cure; the after treatment is simply rest.

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JUNE 1906

THE MEDICAL SUMMARY

Vol. XXVIII

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.
R. H. ANDREWS, M.D., Editor & Proprietor
2321 PARK AVE., PHILADELPHIA, PA.

No. 4

ESTABLISHED 1879

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A MONTHLY JOURNAL OF

PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

R. H. ANDREWS, M. D., Editor, 2321 Park Avenue, Philadelphia, Pa.

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This journal has an extensive and constantly increasing circulation, is substantially established, and therefore presents to business houses, desiring to reach the rank and file of the medical profession throughout the land, a most valuable advertising medium.

Entered at Phila. Post-office as second-class matter.

OVER INDULGENCE IN FOOD.

The abuse of the functions of the stomach by the use of an excessive quantity of food, from deliberate, mistaken or ignorant motives, is the basic element of nearly all ailing and valetudiniarianism, and the sum of suffering that shows itself in the lighter afflictions and reflex troubles is greater than that produced by more serious and specific diseases, the tendencies of which are inherently more fatal.

Entirely exclusive of the far graver final results—which will be considered later—if this statement be true, then the science of dietetics presents itself as a great prophylactic factor in the prevention of human suffering, and medicine can attain the status of a true science only as we recognize and comprehend the intimate inter-relation of the various functions of the human system, and the modifying influence and power that diet exerts on these vital processes. The clinician's mind must be ruled by this fact, or his efforts at making a rational, clear and positive diagnosis will be futile in many cases.

The ingestion of superabundant food may simply cause the discomfort of overdistension of the stomach, possible pain and gaseous eructations, all of which may disappear spontaneously under the process of active normal digestion. It is the frequent repetition of the act that inevitably results in injury to the gastric functions and the organ itself, and in the greater and more serious remoter effects upon other vital functions.

"We never repent of having eaten too little" is an aphorism that embraces the highest degree of truth, and it will never

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lose its force as long as prosperity, seductive dishes and a keen appetite invite an overindulgence in food.

Children and elderly persons are almost equally susceptible to the injurious effects of overeating. The abounding vitality and more active exercises of the young are in a measure safeguards against the evils of this pernicious habit that are denied to the older whose recuperative forces are spent, and in whom activity is only exhaustive exertion and a drain upon their enfeebled vital powers.

These strictures do not include the gross cases in which food is knowingly and deliberately taken in great excess of the needs of the normal functions simply to gratify a coarse appetite that has been stimulated to an abnormal craving by an indulgence at the expense of the finer, esthetic feelings that control the refined and intelligent at all times and under all conditions. Gluttony is the proclivity of the porcine tribe, biped or quadruped.

The great fault of taking too much food is general and universal, and the serious errors of diet are preeminently the result of the want of knowledge of the physiological functions of digestion and assimilation. A good appetite is taken as the standard of good health, (and this is relatively true,) and wrong and harm are innocently committed in overreaching the normal measure of the actual food capacity. The measure of excess may be that which is presumably an ordinary meal, but nevertheless it is a quantity beyond the food capacity of the person unfavorably affected.

The phenomina arising from faulty nutrition are many and complex, and their study and mastery should be the aim and purpose of every physician. In searching for the specific causes of disease in the productive and propogative power of micro-organisms, the manifestations of disease ascribable and traceable to other causes, must not be wholly subordinated to the greater study. It is superlatively essential that their significance and importance be ever and actively borne in mind.

These cursory remarks on this important topic are simply preliminary to what these columns shall furnish in some of the future numbers on this rich and absorbing subject, and we trust they may prove sufficient stimulus to our contributors, and hoped for and prospective contributors, to awaken an interest that will manifest itself in many instructive articles for THE SUMMARY along these lines.

NOTE.

A medical journal extends its sphere of usefulness in proportion as the members of the profession appropriate it for their own use. It must, first of all, make itself a necessity to the individual practitioner, and in return it will then receive the support it deserves. Watch the columns of THE SUMMARY and see if there is not from month to month an abundance of the practical information needed by the busy doctor.

Our aim has always been to give the greatest amount of useful material in the smallest possible space consistent to make THE SUMMARY thoroughly practical. Any suggestion for its further improvement will be gratefully received and fully considered.

Half-dram doses of the tincture of guaiac in emulsion every four hours is an old, sure, but disagreeable treatment for tonsillitis and pharyngitis.

An attack of acute intestinal obstruction, with passage of blood, and in the presence of a cardiac lesion, is suggestive of thrombosis of a mesenteric vessel.

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Original Communications

BRIEF and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies applicable in the treatment of diseases are solicited from the profession for this department.

Articles intended for the Summary must be contributed to it exclusively. The editor is not responsible for the views o contributers. Write plainly and only on one side of the paper.

INTERNAL HEMORHOIDS.

By Charles J. Drueck, M. D.

Professor of Surgery at National Medical University; Professor of Rectal Surgery at Jenner Medical College; Surgeon to Lakeside and Emergency and Rectal Surgeon to Peoples' Hospital.

Internal hemorrhoids are varicosities of the middle or superior hemorrhoidal vessels and arise entirely within the anus. They begin at the points of anastomosis between the portal and caval systems, usually just within the anus, and gradually extend up a variable distance to the larger trunks and plexuses. The causes and development of internal hemorrhoids are much the same as those of the external variety, and they are similar in their appearance, although they differ in color. The internal hemorrhoids are covered with mucous membrane and are bright red in color, except the old venous variety, in which the mucous membrane from exposure assumes a cutaneous appearance. A given patient, however, may have both external and internal hemorrhoids, and even all varieties at one time.

VARIETIES.

There are two chief varieties, capillary (arterial) and venous. The capillary hemorrhoids are small sized tumors, rarely larger than the end of the little finger, and sometimes very much smaller. They consist of superficial vessels in the mucous membrane, the capillaries and veins, which in reality form an erectile tissue resembling an arterial nævus. They are spongy in texture, and look like a strawberry. Early in their existence they have a granular surface covered with a very thin wall and are therefore very liable to bleed. Later plastic exudate, and thickened areolar tissue covers the vessel and hemorrhage is less liable. The gentlest examination or even the passage of the bowel movement is sometimes sufficient to start hemorrhage. I recall a case which bled copiously and on examination the pile found was no larger than the head of a black pin. Excessive hemorrhage, particularly if spurting in character, is pathognomonic of capillary variety of hemorrhoids. Frequently large amounts of blood are lost and a number of deaths are recorded as resulting from this cause. Of course, a large capillary or arteriole is involved in such a case. This tendency to great loss of blood makes the capillary hemorrhoid much more dangerous to the patient than the venous variety. The capillary hemorrhoid may exist alone or associated with the venous variety, and a given pile may be made up of both forms. It makes little difference in the radical treatment which variety is present, but in the palliative treatment this distinction is imperative, for the patient may be exsanguinated while the physician is temporizing with injections or the application of styptics. The capillary variety rarely protrude, cause pain or discomfort, such as attends the venous variety. Hemorrhage itself is the cardinal symptom, and requires energetic, sometimes even heroic treatment.

The venous variety is more common than the capillary and consists of a large tumor sometimes half to one inch across its base, with a mucous membrane covering, which glistens and is bluish or livid in color. Matthews reports seeing one as large as a small orange, and, of course, such a tumor would block up more or less the whole lumen of the rectum. The venous hemorrhoid is situated in the submucous connective tissue, and is formed of a dilated and varicosed vein with its venous capillaries, together with its arterial capillary supply, for these tumors are not purely venous. The hemorrhage, however, is generally venous and not serious, at least in a healthy subject. Sometimes in an anemic or advanced tubercular patient the loss of even a small

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amount of blood may be alarming. In many instances the bleeding temporarily relieves the condition in plethoric, uremic or atheromatous subjects. Bleeding does not occur under ordinary conditions and only rarely from traumatism of the passages of constipated movements, but results from ulceration and is usually oozing in character. Sometimes a cavernous blood vessel is opened by ulceration or laceration and the hemorrhage may be quite severe.

With each bowel movement the hemorrhoidal mass acts as an obstruction and the feces are forced through. This increased muscular action drags down the hemorrhoid and the adjoining mucous membrane until they prolapse, thereby increasing also the size of the hemorrhoid itself. Finally when they have attained considerable size they prolapse easily and are difficult to replace as they act as foreign bodies and tend to excite the sphincters.

SYMPTOMS.

Hemorrhoids sometimes exist for years without causing any symptoms and again cause severe symptoms from the beginning. They probably set up more reflex nervous symptoms than any other disease. When they are of large size they produce a sensation of fullness or distention of the rectum, as if some foreign substance were present. During defecation the tumor is forced within the grasp of the sphincter, and tenesmus is set up, with also a feeling of nausea and sickness. Sometimes the tenesmus is agonizing and its daily repetition exhausts the patient. After each bowel movement he must replace the hemorrhoid with his finger and in doing so is likely to induce a spasm of the sphincter. If the hemorrhoid is allowed to remain within the grasp of the sphincter, it becomes strangulated and finally gangrene develops and the hemorrhoid sloughs off. Thus nature attempts to cure the trouble. Sometimes the slough of the surface beneath it becomes infected and pyæmia with perhaps fatal result is the termination, or an abscess develops and a fistula is the sequel. If strangulation and sloughing do not occur, the sphincter gradually becomes relaxed, and the piles are forced out with coughing, sneezing or stooping, and the piles remain out altogether. An acrid, irritating mucus discharges from the anus, due to the chronic proctitis, and keeps the perineum moist and often excoriated, thus favoring the growth of warty excresences. External hemorrhoids also develop from the degree of prolapse that occurs.

Bleeding in some degree is a symptom of all internal hemorrhoids. It may be slight, a mere streaking of the passages or profuse enough to cause fainting. Frequent hemorrhage follows each movement of the bowels for a while, and then ceases for several days or weeks only to recur again about the time the patient thinks he is cured. This constant loss of blood produces an amemia very suggestive of malignant disease. Prolapse of the tumor always favors bleeding. In women a hemorrhagic flux sometimes rep aces menstruation, and in applectic subjects or those with atheroma, this periodic loss of blood lessens the tension of the blood vessels, and thus diminishes the tendency to rupture of the cerebral vessels. In such cases the prudent surgeon hesitates before removing the outlet.

Hemorrhoids of any variety are prone to exacerabations of inflammation followed by periods of rest. During the inflammation they are very liable to ulcerate, slough or develop abscesses beneath them.

When the tumor is swollen or strangulated, and actively inflamed the sphincter alternately contracts and relaxes causing excruciating pain which lasts until the hemorrhoids sloughs off, is operated upon, or is relieved by local remedies. In old cases the hemorrhoidal wall becomes tough and hypertrophied.

DIAGNOSIS.

The diagnosis of internal hemorrhoids per se is quite easy, but the differentiation of the variety is much more difficult. Hemorrhage is the chief symptom and may be either venous or arterial in both varieties. The patient's description is something like this: during defecation and perhaps before the bowels have completely moved, a more or less severe hem-

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orrhage occurred, which lasted for some time after he had finished his toilet; the blood came in spurts and was bright red; a dizzy feeling came on and he became pallid and clammy; there was little or no pain and no protrusion to be seen. With such a history, the rectum should be thoroughly examined in a good light and with a speculum. The hemorrhoid may be small and elude digital examination, as it is soft and velvety, but with a speculum it can easily be found, because of the stretching of the bowel in dilating with the speculum usually starts the hemorrhage afresh, and the blood spurts or bubbles from the hemorrhoid. This is the capillary hemorrhoid.

In another case the patient says that after the bowels move he has to retain his seat because the blood continues to drop for several minutes, and if crowded for time he has to go about his duties with the blood dripping and soiling his clothes. Here the hemorrhage is less severe because the connective tissue growth takes on a plastic infiltration, forming a thick covering which can be torn only by such a considerable force as is only occasionally applied: The rectum feels as though it were only partially emptied and he strains trying to expel something. Usually on palpation he feels the hemorrhoid within the grasp of the sphincters and unless it is replaced the tenesmus continues for perhaps hours. This is the venous hemorrhoid.

The capillary hemorrhoid is soft, spongy or granular and easily yields or tears on pressure. Hence hemorrhage results from even a slight injury, and thus the small capillary hemorrhoid is a source of great danger to the system from loss of blood, while the large, well formed venous hemorrhoid is not so dangerous. The venous hemorrhoid when of large size will protrude, and if a patient suffering with hemorrhoids assures us there is no protrusion, we suspect internal hemorrhoids and probably the capillary variety. Digital examination is unreliable in diagnosing internal hemorrhoids, because even good sized tumors cannot be detected after they have been returned within the rectum, unless pedunculated. Inspection assists only if there is protrusion. Let the patient retire to the lavatory and strain a little, trying to force out the hemorrhoids. If this fails or is not convenient, dilate the sphincter with a bivalve speculum and the pile tumor will fall in between the blades. If the tumors are low in the rectum they may readily be seen by inserting one blade of a Sims speculum.

Uncomplicated internal hemorrhoids cause little or no disturbance but when they become inflamed or ulcerated they cause great pain and distress. This condition is popularly called an attack of piles, and applies to both the internal and external forms when inflamed. They may remain quiet for a long time and then without any apparent cause become inflamed. Later the condition subsides and the patient often considers himself cured. In detailing the condition he may say he has had piles before but was cured by some remedy or other. Of course the hemorrhoids are there but are not producing any symptoms. Although generally no apparent cause of the inflammation is known, yet in many instances the attack is precipitated by diarrhea, exposure to cold, bicycle or horse-back riding, excessive venery, alcohol, tobacco or sometimes uncleanliness or rough handling of the parts with coarse toilet paper.

Other symptoms of internal hemorrhoids are vague and uncertain as they occur in other rectal troubles and many arise from remote causes. Pain in the thighs or back, sensation of heat or burning in the rectum and frequent micturition are all too unreliable to be considered worthy symptoms of any particular disease. It is well to take into account only such definite indications as relate directly to the rectum and anus, but these significant tokens should require a thorough examination.

Constipation must be considered only a coincident with internal hemorrhoids and not a specific cause, because fully as many patients are not constipated as are; and while temporary obstipation occurs occasionally in every one, internal hemorrhoids are frequent in those whose bowels have always been regular. Hereditary

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predisposition to hemorrhoids is very pronounced and commonly a whole family is afflicted, or the patient says his parents or grandparents were treated for this disorder. Women who have borne children nearly all suffer from hemorrhoids which frequently are much prolapsed. Children only rarely have the internal variety, nor is it common in old age, although the persons may have endured considerable earlier in life, because the hemorrhoid ultimately atrophies, or as the laity say "dries up."

All patients afflicted with hemorrhoids assume a careworn appearance, deteriorate in health, and become anemic and emaciated.

The mucous membrane between the hemorrhoidal tumors is thrown into horizontal folds which become lacerated by the hard feces passing over them, and fissures result. In other cases these folds stretch and the whole ring of mucous membrane prolapses during defecation. After internal hemorrhoids have been diagnosed, all the pelvic organs should be examined to determine their relation to the rectal trouble. An enlarged prostate or urethral stricture by necessitating straining during urination will aid in the development of hemorrhoids. A displaced uterus ar diseased ovary, a calculus in the bladder, hernia, varicocele, proctitis or colitis may be the cause. It must be remembered that any one of these is sufficient not only to produce the hemorrhoids that brought the patient to us, but if we remove these hemorrhoids ever so carefully and radically and fail to remedy the exciting cause, the hemorrhoids are sure to return. The treatment of any other diseased condition bearing on the rectum or obstructing its venous flow is fully as essential as the thorough removal of the present tumors. The writer has seen a number of such cases where the hemorrhoids had been removed and new ones developed and where when treatment was directed to these adjacent organs the hemorrhoidal trouble was cured permanently.

559 East Forty-sixth St., Chicago, Ill.

(TO BE CONTINUED.)

In any purulent affection use sulphide of calcium, 1 grain four times a day.

CAUSE AND PREVENTION OF SUMMER COMPLAINTS OF INFANTS AND CHILDREN.

By L. P. Barbour, M. D.

Etiology.—Those who, like the writer, studied medicine twenty years ago, will remember how earnestly the professor of Diseases of Children labored to explain the cause of summer diarrheas. "The excessive heat disarranges the nervous system and this in turn upsets the mechanism of digestion." This briefly was the burden of the talk on etiology.

But heat is only an adjunct in the causation of the disease. The one etiologic factor of altogether greatest importance, is the infection of food by various bacteria. The warm weather is an adjunct in various ways. First, long continued and excessive heat is very depressing, and may predispose to this as to other diseases. Possibly an occassional case of vomiting is due directly to excessive heat. I think I have seen a few of such cases. But such cases are more properly diagnosed heat-stroke, and are very rare without accompanying bacterial infection.

Again the warm weather is of prime importance in promoting bacterial growth. All bacteria multiply much more rapidly at a temperature of 85 to 100 F. than at a temperature of 50 to 60. This is the most important adjunct effect of hot weather. Still another factor, however, are the means of spreading bacteria during the summer. For instance, flies, those pestilent little carriers of all manner of contagion, are in greatest numbers in the hottest months. Other insects, as fleas, ants, etc., may and doubtless do occassionally carry disease breeding microbes, and these are most plentiful at this season. Still another method of spreading bacteria in hot weather is by means of the dust laden breezes. August is usually a dry month all over the country, and no small amount of the sickness of this month is due to the distribution of dust over food stuffs. Thus we have concentrated in the hottest time of the year various means for the distribution of bacteria in our foods, together with the

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conditions favorable to their multiplication.

Indigestible foods, such as green apples and other green fruits, act also as predisposing causes. Sometimes something of this sort may be a direct cause of a diarrhea. But a simple diarrhea due to an indigestible substance is a comparatively slight affair. Such a thing never causes cholera infantum. The irritation of the intestinal mucosa may, however, furnish favorable conditions for the bacterial invasion and thus produce a serious attack. Thus indigestible foods so common in hot weather must be reckoned with as among the causes of summer complaints. Preservatives in foods, such as formaldehyde, salicylic acid, etc., by their irritating effect upon the mucosa act much the same way as indigestible food in promoting disease, and preservatives are in common use. Between the two evils of a food, such as milk, swarming with germs, and milk with some formaldehyde in it, it is probable that the latter is the lesser. But both are bad and neither is necessary.

Constipation is another condition that predisposes to diarrheal attacks. It is well known that constipated children are apt to have frequent bowel troubles. This is explained by the want of drainage and the resulting retention and multiplication of bacteria in the bowel. "Irritation by the retained feces" was the old explanation. Possibly this irritation does sometimes predispose.

Sudden chilling of the surface, cold hands and feet and other conditions causing internal congestions, may predispose to diarrheas also.

PROPHYLAXIS.—As bacterial infection is the chiefest cause of summer complaints, it follows that avoidance of infection is the principal measure of prophylaxis. How shall it be done?

First secure food free from germs, and then keep it free. If these two brief rules can not be observed, if such food can not be secured or so kept, then a third must be added, give only sterilized food. Concerning these three brief rules volumes could be written.

Milk is the principal food of infants and young children. Milk is an excellent fluid for the growth of many bacte ia. It follows that the securing of good, clean, pure milk is of the first importance in preventing summer complaints. To do this we must begin with a healthy cow. Then there must be extraordinary cleanliness in the process of milking. It is carelessness in milking that is responsible for much of the infection and resulting sickness. Few, very few dairies take sufficient care in this matter. It is astonishing that any of us should be willing to drink milk drawn from the cow in the ordinary way. Picture it! A cow covered with dust composed largely of dried dung, often with dried dung hanging in chunks to the hair of her sides. The milker with unclean hands and garments. During the milking this dust and dung is dropping into the milking pail together with hair and other debris from the cow's hide. This is not an overdrawn picture of ordinary conditions. Is it a matter of wonder that such milk soon becomes, in hot weather, actually rotten, and that it should cause sickness?

To secure germ free milk we must have clean stables. No accumulation of dung or dust or debris of any kind. The cow must be curried before each milking, and if necessary actually washed. The hands of the milker ought to be washed between each cow milked. He should wear freshly laundried aprons and overalls at each milking time. The milking pail should be thoroughly sterilized just before using. The milk-room should be away from the barn with its dust and dirt. This room should be as clean as a dutch kitchen. When the pail is filled it should be taken at once to the milk-room. No handling the milk in the stable. At the milk-room it should be strained into jars or bottles of the capacity needed by the customers. The straining is best done through freshly cleaned and sterilized pieces of muslin, a different piece of muslin being used for each pail of milk. The jars filled with milk are set to cool, are closed air tight and delivered to the customers in cooled wagons. Such milk thus delivered will be practically germ free.

Of course it will cost some more. But

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when consumers understand the value of such milk they will willingly pay the increased difference in cost. A howl is just now going up throughout the country over the unsanitary condition of the meat supplied by the Chicago packing-houses, and rightly. But the country is generally being supplied with milk as bad or worse, than the worst of Chicago meat. And milk handled amid filth is more dangerous than meat in the same surroundings.

The need of care in handling the lacteal fluid does not cease when it has reached the consumer. To allow the jar to be opened and to stand in a warm and dusty air is to invite infection. Milk will deterioate as rapidly in an unclean kitchen as in an unclean stable. The milk jar must be kept sealed and in a cool place by the householder. When the baby is to be fed the jar is opened in a dust free room, the amount required is poured out and the jar put back on ice.

If all the babies of the country could be fed on milk thus carefully handled, the stomach and bowel troubles of summer would at once sink to a place of minor importance.

Before leaving this subject I must call attention to the usual method of delivering milk. In the dust laden atmosphere of the city street the can is opened, a measuring dipper that has been hanging exposed is dipped into the milk which is then deliberately poured into a utensil furnished by the customer, and which has perhaps itself been standing where it gathers dust from the street. No intelligent physician would let a babe be taken into a room where there was a case of diphtheria, and yet every child who in hot weather drinks milk from a wagon so handled, runs as great a risk of contracting bowel trouble, as he would of contracting diphtheria by stepping into the room where diphtheria existed. We are remiss as physicians in allowing such conditions to much longer continue.

But while we may in the not far future be able to obtain a clean milk in all our cities, it is impossible to do so at present. And our little patients must take the milk as they can get it, filled with germs. Our last resource as things are, is to sterilize the milk. There should be no hesitation in positively ordering all milk for babies sterilized during the hot season, if it must be bought from the ordinary wagon.

Along with the directions for sterilizing the milk, the mothers and nurses should receive some instructions as to what "sterile" means; upon the need of having the utensil in which the milk is to stand rendered sterile, upon the need of protecting the milk from the air to keep it sterile, and upon the importance of keeping it cool.

The physician should always bear in mind that sterilized milk is not so good for babies as that which is clean, fresh, unsterilized and uncooked. It is only to be used when the latter can not be obtained.

OTHER FOODS AS CARRIERS OF CONTAGION.

Children of a year old and upward use other foods and these need as careful protection as the milk, except that few other foods form so favorable media for the growth of bacteria as does milk. Fruits and all foods exposed on city streets are apt to be carriers of germs. The same is true of food in the home, exposed to flies and dust. Fruit and all things eaten in a raw or uncooked state, have, in the past, had a bad reputation as causes of diarrhea. Part of this is probably due to their indigestibility and unsuitedness to the digestive apparatus of the child, but more is due to the fact that this very form of food is germ covered when eaten. Berries picked in the clean atmosphere of a country field, placed in clean boxes, wrapped and protected and delivered to the consumer, will prove a healthful diet to a three year old child. Berries that have been exposed on a city fruit stand are unhealthful.

All freshly cooked foods are by the cooking rendered sterile, and so far as they are otherwise suitable may properly be made part of the child's diet. Broths, soups, baked potatoes and other things according to the age of the child, are of this class. But cooked foods which afterwards are exposed to the dust may be carriers of germs. The putting up of many varieties of crackers in sealed pack-

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ages, is a wise provision on the part of the bakeries.

ARTICLES NOT FOOD, AS CARRIERS OF GERMS.

Creeping babies and young children are continually picking things from the floor and putting them in the mouth. Their little hands become contaminated and are often in the mouth. The instinct of putting everything into the month explains the occassional attack of cholera infantum in nursing babies. We cannot keep the little thumb aseptic, but we can urge the mother to as rapidly as possible train the baby to keep things out of its mouth.

I mentioned constipation as an indirect cause of diarrheas. Great pains should be taken to overcome constipation in children. The most common cause in babies is a deficiency of fat in its food. The writer has found olive oil to be one of the best fats to use to overcome it. But the olive oil must be genuine, pure and fresh. Much of the so-called olive oil of the market is largely composed of cotton seed oil. Such oil ought never to be used as it contains a resin that is irritating to the stomach and interferes seriously with digestion. Pure, fresh olive oil is bland, soothing to the mucous membranes and nutritious. One to three teaspoonfuls a day will usually be sufficient. Cream may be used, or milk rich in fat. If cream, use only separated cream and be sure it is fresh and clean. Cod liver oil may be used for this purpose, and in cases where there is a tendency to rachitis, this is the best form of fat. The oleum morrhuæ should be of a first class quality, and not made from decomposed livers.

Indigestible substances of all kinds should be rigidly excluded from the diet of all children during hot weather. Green apples, all green fruits and vegetables, bananas, salt meats, oat meal, biscuits and all warm breads are of this class. Fresh ripe fruit, free from exposure to dust and not over ripe may be allowed. For instance, a ripe apple may be cut, the inside scraped and given to children often with benefit to their general condition. A tablespoonful of orange juice is a wholesome addition to the diet of a child of ten or twelve months.

Hotels and boarding houses are to be avoided for children, especially during hot weather. It is very rare that a suitable diet can be obtained at such places. Hotel milk for babies is intirely out of the question. I have heretofore mentioned the use of preservatives in milk as a cause of indigestion. Where the health authorities are not eternally vigilant, preservatives are sure to be put in the milk by dealers during hot weather. Now in summer hotels there is no one to watch the milk supply, and formaldehyde, or something of the kind, is sure to be used. And milk is not the only food at fault in hotels. Cereals are half-cooked. Many dishes are greasy. Fried foods are always unwholesome for children. Families who leave their home for the seaside or the mountains, should by all means secure cottages and superintend their own table.

The dangers of travel should also be mentioned. If one must travel with a young child it is wise to take sterilized water as well as milk along. If it is to be a long journey some of the prepared foods, as malted milk, should be taken to use after the home milk is used up. Sealed packages of crackers, fresh eggs, etc., can be carried also.

Of minor value, yet worthy of attention as prophylactic measures, are the baths and the clothing of the little ones. The garments should be light and cool. Whenever a change to cooler weather occurs heavier garments should immediately be substituted for the lighter ones. This changing with the change of temperature is too often neglected.

A cool bath just before bed time, with gentle massage of the entire surface, is strongly to be recommended. It keeps the skin in good condition, reduces congestions, relieves the nerve tension and promotes sleep, all of which is desirable.

To summarize our prophylactic measures, giving less important first:

(a) Give the child a cool bath and a massage just before bed time.

(b) Dress him lightly or warmly according to the changing temperature of the changing hours.

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(c) Keep him as quiet as possible during the hottest part of the day.

(d) Train him to keep his hands and all objects out of his mouth.

(e) Use no indigestible foods.

(f) Use only clean, pure foods.

(g) Sterilize all food and water that is not already fairly aseptic.

Boulder, Colorado.

INSOMNIA.

By J. W. P. Smithwick, M. D.

Hon. Vice President American Congress of Tuberculosis. Member Medico-Legal Society. New York City.

Insomnia, like the poor, we always have with us. It begins in childhood and lasts till old age. Generally speaking it, like headache, is not a disease, but a symptom of some co-existing trouble. Ultimate success in its treatment will depend upon our ability to discover and remedy the cause.

Insomnia may be due to one or more of a great many things. Grief, mental anxiety, neurasthenia, overwork, mental strain, alcoholism, pain from any cause, intoxication of acute diseases, and a great many things which will occur to the reader, may operate in the production of insomnia. Those causes of a predisposing character are the female sex, old age, nervous temperament and intellectual pursuits.

Simple insomnia occurs in the experience of every one at some time or another, and is usually the result of excessive physical or mental exercise. Its real cause is anything in general that prevents the physiological anemia of the brain necessary for sleep. This condition is excellently described by the patient when he complains he is "so tired at night that I cannot sleep."

A large proportion of the cases of insomnia is due to irritating causes. Teething; intestinal disorders and adenoids are notable causes of nervous unrest in children. All diseases accompanied by pain, as neuralgia, sciatica, migraine, locomotor ataxia, tumors and abscesses and syphilis are productive of insomnia, but, so far as our subject is concerned, pain and not insomnia is the predominant symptom, and the one which requires treatment. Then too, the cause of the insomnia in all these conditions, as well as that in acute diseases, can be readily determined and the proper treatment for the causative coexisting trouble prescribed. The insomnia disappears as the disease subsides, the patient improves and before he is entirely well it is gone.

It is the treatment of insomnia of nervous origin or that of a chromic character that gives us so much trouble. Those cases in which the entire nervous influences of the system seem to so thoroughly predominate all other influences and organs of the body that restful sleep cannot be secured. The vague etiology of insomnia of this character, its persistency and the harrassing influence it exerts over the patient's mind and body are all worthy our most serious consideration and will tax the therapeutic powers of the best of us at times. Baths, both cold and hot, may be used; electricity in all forms may be administered, and drugs, *ad infinitum*, may be prescribed and, often times, the patients will go on from bad to worse despite all our efforts.

In the treatment of chronic insomnia a normal and sufficient general nutrition is to be secured as a basis for normal cerebral nutrition, but this does not mean overfeeding. The diet should be regulated in reference to the height and usual or normal condition of the individual. The distribution of the blood is to be equalized, with the balance tending to anemia of the brain rather the reverse, but the extreme in this direction should be avoided. The derivation of blood may be accomplished by hot baths to the feet or to the lower half of the body, emphasized, if needed, by the addition of a little ground mustard to the water. It is often advisable to administer a small amount of easily digestible food just on going to bed or on waking up in the course of the night, and this acts, to a considerable extent, in the same manner as the baths. Hot toddy, on account of the vasomotor dilating effects of the alcohol, has a slight narcotic effect and may be taken in addition to the above advan-

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tageously. Another example of this influence is observed when one has been long exposed to cold and sits before a warm fire. A condition of intense drowsiness will be noticed.

Cold feet are often a factor in the cause of insomnia, and it is well to promote the circulation in them by a hot bath for five or ten minutes, followed by friction. It is better to do this than attempt to warm with hot bottles and the like.

Reading one's self to sleep with a suitable book is a common and commendable practice. The book, however, is not a matter of indifference. It should not at all be in the direction of one's daily occupations, nor sufficiently exciting to set up a train of thought intense enough to be itself a cause of wakefulness; but, on the other hand, it should have sufficient interest to divert the mind and accomplish the result. Music is valuable and efficient when it can be had in a suitable manner, but it requires a delicate adaptation to the individual case. Absolute vacancy of mind is talked of and recommended, but who has ever heard of such a condition. A vacation is by far the best means of producing diversion of the mind, but the patient must be placed in plenty and agreeable company so that he has no time to think of his condition. If the patient has nothing else to think about he will be sure to think of his troubles, and the vacation will do no good.

In most cases certain hypnotics can be used most advantageously, but the patient should not, at any time, be drugged. A dose of a carefully selected hypnotic or a combination of hypnotics administered at the proper time is of great service in bringing the rest to the nerves and mind that is essential for the other treatment to act effectively and to establish the habit of going to sleep at a certain time. Opium and its alkaloid, morphine, is not a desirable hypnotic, on account of the great tendency for the formation of a habit by relying upon it alone. The bromides, and of these the best is the potassium salt, may be used without any fear. They diminish nervous irritability and restlessness, and allow a person to sleep, as it were, though they do not produce sleep as it is generally understood. Cannabis indica is of very little hypnotic power alone, but combined with the bromides both act better. Hyoscyamus is useful in insomnia of mental origin, and is an effective agent in the insomnia in children. Chloral is a safe, in small doses, and powerful hypnotic in all conditions of chronic insomnia, but it should be administered with care in the insomnia of alcoholism, never giving more than fifteen grains at a dose, and it may be advisable to give even less on account of the condition of the heart. I have found that a combination of these excellent and efficient hypnotics give better satisfaction than any one administered singly. Large doses of the combination are not necessary as they are synergistic when administered together. A small dose means less work for the stomach to do in absorbing them and a less depressing influence from their effects. The preparation that has given me the best results is the combination known as bromidia. It has fifteen grains each of bromide of potassium and chloral hydrate and one-eighth grain each of extracts of hyoscyamus and cannabis indica to each fluid dram of menstrum. It is an exact preparation and can be relied upon at all times to give the desired therapeutic effect.

Given a case of insomnia of nervous origin to treat I generally proceed along these lines: A hot bath is prescribed for the feet and legs as high as the knees after which they are rubbed briskly with a coarse towel until there is a glow of warmth, a hot glass of milk or broth is administered and a dram dose of bromidia is given and the patient put to bed and the room darkened and made quiet. The hot bath determines the blood from the brain and in this the glass of milk also aids, the bromide quiets the nervous system so that sleep may occur, and the chloral puts the patient to sleep. The hyoscyamus and cannabis indica render valuable aid in rendering the action of the others more effective. I have found that the action is not so good when the bromide and chloral are administered without these and never leave them off at pres-

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ent. I have found that in nine cases out of ten this will be all that is necessary, though at times it may be necessary to use other means. If the above has the desired effect the procedure is to be repeated the next night using about forty or fifty drops of bromidia, and the dose of this is to be decreased each night until there is no need longer for its administration.

Other hypnotics, trional, sulphonal, paraldehyde, somnos, chloretone, etc., may be tried, and I have used all of them, but they do not give me near the results that the combination of bromide, chloral, hyoscyamus and cannabis indica gives, and I hardly ever use them at present. In a few of the cases of insomnia which I have treated they have appeared to give better results than bromidia, but this is my main stay when I have a case of this to treat. Of course, in the treatment of insomnia rest and recreation of the proper sort must not be lost sight of, as all need not be expected to be accomplished by the use of drugs alone.

La Grange, N. C.

THERAPEUTIC NOTES ON SULPHUR.

By W. T. Marrs, M. D.

Potter states that sulphur would be more generally used if it cost a dollar an ounce instead of ten cents a pound. Sulphur administered internally and used locally in the form of compounds and mixtures is a valuable therapeutic agent in many conditions. One of its most valuable fields of usefulness is in eczema and skin diseases accompanied by a suppurative condition, as in case of boils, popular eruptions, etc.

Ichthyol has had a quite general use for a number of years. It is a preparation obtained from a bitumen found in the Tyrol and is regarded as the residue of extinct fishes. It contains sulphur in the proportion of about eight per cent., is soluble in ether and alcohol and mixes with vaseline, oils and lard. Calcium sulphide, called by the homeopaths "hepar sulphur," is prepared by mixing equal parts of powdered oyster shells and sublimed sulphur and heating to a white heat in a hermetically sealed crucibles. Sulphur is a constituent of several official compounds.

Ichthyol is a useful remedy, but has a few disagreeable qualities which for esthetic reasons make its employment impossible. It has a very persistent, nauseous odor and permanently stains the linen. Thigenol is an elegant and efficient substitute for ichthyol that has come into use more recently. It is an organic compound containing ten per cent. of sulphur. It is odorless on use, whether employed in ointment, solution, tampons or suppositories. It mixes nicely with oily bases. It is quite soluble in distilled water and for internal use is a valuable agent in many conditions. The slight taste of thigenol is overcome by the addition of peppermint water. It should not be used with acids. Thigenol has, when applied locally, an astringent and constricting effect upon the blood vessels and is decidedly antiphlogistic. That this product is gaining therapeutic prominence is evidenced by the following from volume 8, series 1905, of the Chicago Year Book of Medicine.

"Thigenol—This preparation has been used and most heartily endorsed by P. Batigne as of especial value in gynecologic affections. The product is an oleosulphonate of sodium containing the organic sulphur in solution. It is a dark brown liquid of syrupy consistency. It is applied in pelvic inflammations in the form of tampons in the vagina. The writer mixes the remedy with glycerin and advises it to be used in very strong solution, even to 40 per cent. He claims it to be of wonderful efficacy in the inflammation of the various pelvic organs, promptly relieving the pains and reducing the inflammation by rapidly depleting the tissues. This latter action is shown by the copious discharge which follows the introduction of the tampon. The writer cites numerous cases in detail which showed remarkable improvement or cure under this treatment."

R. H. Theyson, of New York, (*Maryland Med. Jour.*, Oct., 1904) refers to the prompt anodyne effect of thigenol

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in burns. He also mentions the excellent results achieved by its use in erysipelas, atrophic rhinitis and cracked nipples.

In various diseases peculiar to women —cervical catarrh, endometritis, parametritis, perimetritis, salpingitis, oophoritis, pyosalpinx, etc..—thigenol is particularly useful. It is in this category of diseases in which the odorlessness of the medicament is most highly appreciated by both patient and physician. Women are usually very sensitive about carrying a tell-tale odor with them. That my clientele is not peculiar in this respect is evidenced by these statements made by Dr. S. J. McNutt, Albany, N. Y., (*Medical Record*, Nov. 11, 1905) in a paper on "Non-Operative Gynecology:" "Thigenol is as valuable as ichthyol, while it has the advantage of being odorless. The stains made by it on linen can be quickly removed, and it is also non-irritating and antiphlogistic. It is used in solution in glycerin in 8 to 20 per cent. on tampons."

My experience with thigenol fully confirms the opinions which I have just quoted. In addition I find that it yields excellent results in hemorrhoids, eczemas, acne and other skin affections. It may be used with other agents and formed into solution, ointment or paste. As synergists or bases any one or more of the following may advantageously be incorporated with thigenol, vaselin, glycerin, lanoline, alcohol, lead, oxide of zinc, olive oil, collodion, tannin and balsam of peru.

More recently I have employed thigenol with the greatest satisfaction in cases of ivy poison and sunburn.

Thiocol is also a new sulphur product but I know nothing of it therapeutically or otherwise

Jewett, Ill.

GELSEMIUM.

By J. R. Borland, M. D.

Gelsemium is one of our most potent and most useful remedies. I have used Merrell's tincture for about 50 years. In fevers, when the indications point to it there is no synergist to it, that I know of, that will completely fill its place. A remedy *sui generis*. I always carry it in my pocket case, would not consider my obstetric armamentarium complete without it. Gelsemium and belladonna are antagonistic, therefore should not be combined.

Ellingwood, in his Materia Medica, says: "Gelsemium is a prompt remedy if given in sufficiently active dosage. The excellent results obtained by the older physicians were obtained from full doses. Children are more susceptible to its action than adults, and with them the smaller dosage is applicable. In spasms the maxium dose is needed. If toxic effects are obtained they are readily observed and antagonized with no harm to the patient." It is one of our best antispasmodics and sedatives, and is therefore useful in nearly all cases attended with nervous tension. According to Ellingwood it is useful in most fevers, spasms of childhood, puerperal convulsions, puerperal fever, spinal, cerebral or meningeal inflammation, many cases of tetanus, neuralgia, migraine, in rheumatic stiffness of the muscles of the neck. In asthma, whooping cough and in laryngismus stridulus, irritable heart, cardiac neuralgia, acute nephritis, acute cystitis, spasmodic stricture, neuralgic dysmenorrhea, ovarian neuralgia, etc. In spasm (tenesmus) of the rectum, the gelsemin is a most valuable remedy, especially in the tenesmus attending dysentery. Rectal injections of the tincture might answer as well as gelsemin, administered by the mouth.

In protracted labor, with rigid os, I give a dram and if there be no result repeat the dose in 30 minutes. The second dose seldom fails to show results in from 30 to 50 minutes, as I have experienced many times. Although the patient sometimes says: "I can't see good. There is something the matter with my eyes," yet, I have never known any harm to follow its administration in such cases. The small dose would be of no use here. The full drug action is required. Once I was asked in medical society meeting: "How does it act or produce this effect?" I answered, "It causes relaxation of the circular fibres of the os and permits the longitudinal fibres (muscles) free play and they are enabled to perform their duty in

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the expulsion of the fetus. So far as I can learn I am the first to promulgate this theory of its action and there is a point, right here, for the physiologist to unfold, as to the tissue of nerves to which such action can be attributed. Prof. W. Paine recommended Keith's gelsemin (a concentration) in the tenesmus of dysentery and said he could not get the desired result from any other make.

Many years ago, I had a patient, a virgin 17 years old, who had uremic convulsions; no remedies that I employed did any good in arresting them. I administered two drams of Merrell's tincture of gelsemium per rectum, and in an hour, one dram more. She had no more convulsions after the second dose. Her urine was albuminous. A few months thereafter she married and in due time became pregnant, anasarca supervened, she had a premature labor and died a few days thereafter in Illinois.

Some years ago I had a case, a girl about 17 years old, who had mania from uterine trouble. She acted exactly like a case of puerperal mania. She had been ill some three weeks when I was called. She was very abusive, used the most vile language, although when at herself was as modest as any girl; had to be kept in straight jacket. I blistered the back of her head, and as she would drink large quantities of milk, had her take a teaspoonful of Merrell's tincture of gelsemium every three hours in the milk, which she did not detect; and remarkable as it may seem, she got an ounce, on the average, every twenty-four hours, for two weeks, when she showed signs of returning sanity and the dose was reduced to half teaspoonful every three hours for another week, when she seemed perfectly rational and was puton chalybeate tonics She made a good recovery. That was 22 years ago; has had no return of the disease and is well to-day.

I have frequently combined Keith's gelsemin with opium and hyoscyamus in rectal suppositories, and used them in cystitis with excellent results. One administered at bed time will relieve chordee in gonorrhea, in which the internal administration of the tincture is also useful. Its internal use in stranguary gives marked relief, also, in hysteria in combination with hyoscyamus and valerian.

I look upon gelsemium as one of the most useful antispasmodics we possess. It does not nauseate as does lobelia.

It is a great pity the profession generally is not better acquainted with its properties and therapeutic uses. But so many of them are wedded to their idols, that it seems useless to try to enlightem them.

Franklin, Pa

OSLERISM AND MEDICAL EDUCATON.

By W. M. Alter, M. D.

My attention has been called to expressions by Dr. Osler in his valedictory address before the Johns Hopkins University. It is obvious to my mind that his remarks have, in one sense, served the purpose of lifting the censor from the press on medical matters imposed by antiquity and superstition. I believe there should be an effort to reform some abuses belonging to the grand profession of Medicine, for I think there might be some reforms brought about in this matter which would have a tendency to elevate morals and protect and defend the chastity, virginity and the purity of legitimate maternity. If Dr. Osler is to be understood to affirm that the age of 40 years marks a period in a physician's career for fitness in research into scientific theories, I think he is right, for after being taught in the theories of medicine it requires time to instruct him in the fact that his teachers taught him a great many things they did not know. I think, however, that the period from 45 up to 70 should be the most useful period of the physician's life, as far as usefulness to his profession is concerned. I will say here that there are some of the modern divisions of medicine (in the lines of specialties) with which he should not be allowed to deal till after he has passed his 50th birthday, and besides that, he should be a man who, having married early in life, has done honor to the married relation. I shall allude to this matter again in my article.

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The history of medicine forms an interesting study in itself. One source of annoyance, however, to the student, is that it is quite hard to be certain whether any of its historic phases denote progress or improved hypothesis. From the time it went hand in hand with priesthood at the altars of the gods it has met with appalling failure in its efforts to control diseases and even when dealing with the credulous it met with obstacles which sent it whirling into the realm of hypothetic reasoning to answer the problems which it was unable to solve by its theories. Occasionally, along its long historic path, appears a character whom one might term a genius, who gives new interest to the medical sciences; but to be succeeded by the mighty genius whose special mission is to prove the error of his predecessor. We might name some of these whom we call genius. Anciently, we will mention Hippocrates. Some of his theories have stood the test of the light of modern advancement, but many of them have been replaced with theories, perhaps no better, and awaiting a time in the near future when they will be relegated to the discredited records of the mighty past. Harvey seems to have made a very useful contribution to our actual knowledge when he discovered the circulation of the blood; but the originator of the theory of blood-letting for the cure of diseases can hardly be considered an evidence of advanced scientific reasoning. It required the sacrifice of thousands and tens of thousands of lives upon the sanguine æsculapian altar before it began to be looked upon as a false theory. Even up to the middle of the nineteenth century the crimson tide flowed at the order of the doctors. For fever, for congestion, for rheumatism, for measles, for almost all the ills to which humankind is heir. Right here it might be interesting to mention that one of the greatest of American physicians, in the eighteenth century, who was also a signer of the Declaration of Independence, Dr. Benjamin Rush, who was also a student of Cullen, the great Scotch medico, must have become convinced by his observations in his professional life that many of our theories were false, when he paid the profession no very complimentary tribute by giving utterance to the following very expressive remarks:

"I am insensibly led," says Dr. Benjamin Rush, "to make an apology for the instability of the theories and practices of physics. Those physicians generally become the most eminent in their professions who soonest emancipate themselves from the schools of physic." Again he exclaimed, "What mischiefs have we done under the belief of false facts and false theories. We have assisted in multiplying diseases; we have done more, we have increased their mortality."

Thomas Jefferson, the great apostle of democracy, makes some very pertinent remarks in writing to Dr. Wister. He penned the following language:

"I have seen the various schools and theories of medicine, disciples of Hoffman, Boerhaave, Stahl, Cullen and Brown, succeed each other like the figures of the magic lantern; and their fancies, like the dresses of the annual doll-babies from Paris, becoming, from their novelty, the vogue of the day and yielding to the next novelty their ephemeral favors."

John Wesley, the founder of Methodism, made some observations expressing himself in the following characteristic language:

"As theories increase, simple medicines were more and more disregarded and disused; till in the course of years a greater part of them were forgotten, at least in the more polished nations. In the room of these, abundance of new ones were introduced by reasoning, speculative men and those more and more remote from common observations. Hence rules for the application of them in medical books were immensely multiplied; till at length, physics became an abstruce science, quite out of the reach of ordinary men. Physicians now began to be held in admiration, as persons who were something more than human. And profit attended their employ as well as honor, so that they had now two weighty reasons for keeping the bulk of mankind at a distance that they may not fly into the mysteries of their profession. To this end they increased those difficulties by design,

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which were in a manner by accident. They filled their writings with an abundance of technical terms, utterly unintelligible to plain men."

In fact, if a man is required to prove by clinical observations the soundness or the contrary of the theories which he has been taught in the lecture room before he can assume that he is really of any use in mitigating human suffering or curing diseases, the period which Dr. Osler gives for study is passed. It appears obvious to the observer that surgery has done something in the line of advancement since it left the barber shop. But then, that is an art which derives its advanced methods from mechanical knowledge; and is different from medicine proper. It is thought that the germ theory answers questions of etilogy in regard to many diseases which pathologists of the 18th century were unable to elucidate; but perhps we had at least as well take a conservative view of this theory; inasmuch as we are informed by bacteriologists that many of the germs thought to be disease producing pathogenic, and thought to be the etiologic factors in certain diseases, are, alas, discovered to exist in health. And this fact alone makes us think that with all our modern methods, for microscopic study investigation into morbid processes, that still the theory is not established to the entire satisfaction of conservative members of the profession. May not the morbid process be the cause of the germic development? I think so. Some of them, at least, may come as a result of disturbed metabolism, intended to answer, in such cases, as natural scavangers, and be the process by which the *vismedicatrix naturae* steps to the aid of our infested organisims to bring about sanitary conditions.

Having briefly given my idea on the subject, and in view of the fact that we have, according to modern medical teachings, to devote so much of our training time to the investigation of theory, and so much of our early practice to obtaining useful knowledge by observation at the bedside of the sick, that a man must be well up to the 40 year mark before he is a real useful practitioner, so far as actual knowledge is concerned. I believe that our system of medical education could be changed so as to serve the people more efficiently, but it would require. perhaps, a generation before it could be effected. Then, while the evolution is in progress, let none but members of the profession over fifty years of age practice gynecology and obstetrics. This statement may seem strong, but when a calm and dispassionate view is taken of the subject, I believe I might be indulged in further remarking that no young man ought to be allowed to enter the field of gynecologic and obstetric practice. I will here briefly submit some of my reasons for entertaining these views. First, I will state that it is a great temptation to a young man to deviate from the strictly moral course. This proposition needs no argument to elucidate. As doctors, if we will but consider our sexual instincts, and then the opportunities it affords to pursue a course detrimental to the moral tone of the doctor and the patient will see that the point which I wish to bring to view is surrounded with incontestable support. Think of the primipara i. e., a woman giving birth to her first child, who has to submit to the manipulations required in obstetric practice, and the manipulator perhaps a fine looking young man, with all the fires of young manhood burning within him. It is placing the young man in the way of powerful temptation, and it is subjecting the mother, to say the least, to a very humiliating position. In gynecology it is often much worse. As is possible, the young M. D. may have been so wrought up by the desire for venereal joy as to suggest to the fair maiden a pathologic condition of her generative organs. This causes her to magnify neurotic symptoms until she is in a morbid, nervous condition. The result, the young doctor insists upon an investigation, which includes an examination of the external genital organs, also a digital vaginal examination. Doctors know what the effect of titilating the clitoris has, also the introduction of a well-oiled and magnetic finger has when gently inserted in the

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vaginal canal. The maneuver often causes an organism. Think of the moral tendency, habits of the most debasing kind may be the result. A serious thought along this line ought to cause us to pause before we turn the young M. D.'s into these sacred realms, where unprotected virginity may wither at his touch, and where the vestal guards of chastity may be unconsciously put to sleep, anesthetized and caused to break the vows of chastity. Just reflect. The young patient must think of the impressions made on her when she meets her physician. In view of the foregoing facts, I say, let no doctor under 50 years of age, and he should be required to be a man who has a wife, before he enters that sacred field in which all that is grand and noble in womanhood may be filched and violated. If a young man wishes to enter these special fields, let him become an eunuch, as a solemn pledge of his loyalty to virtue. But why not restore these branches of medical specialties to the fair sex from which it was taken? I have heard some physicians object to this view on the grounds that they say a woman has not the nerve, the courage the strength, nor the knowledge. None of which objections have any grounds. Their lack of knowledge can soon be overcome, and I am sure no one should practice obstetrics, or treat the various diseases belonging to women, who is not well educated in that line. Women have the power of the attainment of knowledge as easily as men. Then, in the branches under discussion here, they have that natural perceptive instinct, the natural shrewdness of intellect to the sexual peculiarities. They should be thoroughly educated on those lines, and I will say right here, that I believe that under favorable instructive methods they would acquire a much higher degree of the knowledge in these special branches of obstetric, gynecology and scientific nursing, than are attained by our best students of medicine in their college curriculum that requires a knowledge of all the branches included in the physician's preparation for professional life. I am satisfied that a lady could take up the three branches named above and acquire a thorough knowledge of the anatomy, the physiology and the pathology of all the parts which could possibly effect her special calling in much shorter time than required to go the regular way. She could, in a short time, learn to perform any of the operations with instruments required in the practice of obstetrics or the diseases of women. All that is needed would be to invite them into this field, with a prospect of fair treatment. It must appear obvious that the great cause of virtue and the preservation of morals would be better served under this plan than under the prevailing system. I will say that a great number of the diseases of females are caused by suggests along on that line; their symptoms magnified by the very suggestion of the physician; often nervous functions are deranged by unnecessary examinations; often virgins are victimized and made subjects for operations to convince the community of the dexterity of some young medico. Dexterity is not synonous with skill, nor is it either an index to scientific knowledge or high attainments. And it is quite common usage now to neglect useful therapeutic measures and drugs which would cure a large per cent. of cases in gynecological practice. A mania for performing the various operations gets hold of the profession occasionally, which almost causes them to lose sight of all the useful articles in materia medica. Such, as for instance, the operation for appendicitis, which is just cooling off. It looks like, sometimes, that these exacerbations in the profession may be caused by an overproduction of medical teachers, who, in order to make sure their vocation, think it necessary to create new fields for their disciples, who are becoming so numerous that there is hardly a good living for some of them, for the reasons alluded to, and a great many more which I might use in defense of the position I have taken in this article.

To the fair sex from which the prerogative to control the field which I have been discussing was wrested, I say restore it, with all of its achieved progress. Until the change could be affected, let old men act as instructors and advisors,

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and as practitioners. Women once enjoyed the prerogative of being the midwife and the advisor of the diseased of her sex, and was highly honored. The employment of men in this part of medical practice is a modern innovation, and I believe, often a danger to the morals of society. I believe that any professor of obstetries could take a class of intelligent young ladies and in twelve months educate them in obstetrics and diseases of women, and nursing, to as high a degree of knowledge in these specialties as any doctor who takes the four year's course through a medical college. I am aware of the fact, that the position I have taken is likely to invite adverse criticism; perhaps to cause me to be the subject of censure by many of my fellow practitioners, especially when noted that I take issue with Dr. Osler concerning the age of usefulness among physicians. Believing as I do, that no practitioner under 50 or 55 should be allowed to practice either obstetrics or gynecology, and that from the age of 45 on they should be instructors in the branches and practice as consulting physicians until the system has had time to make the change in these fields as outlined in this article. I could show many more reasons than those alluded to for claiming that if my ideas were carried out it would be a great moral benefit to American womanhood, and rebound to the higher development of our citizenship, but perhaps I have said as much as is necessary for the present. I may, in a future letter, have something more to say.

England, Ark.

FOOD AND AIR.

Dr. Edson Corey writes to the *Peoples' Health Journal* that consumptives should consult men familiar with foods and climates, for he claims that these subjects are essential, and part of the treatment of that disease, in particular, and all diseases in general. Of course common sense dictates that a patient will eat food cooked by an expert rather than that poorly cooked, and will thrive under fresh air rather than foul. All patients enjoy clean clothing, baths and nice food. Dr. Corey's views are based upon sense.

REMOVAL OF GUNPOWDER STAINS

Dr. E. H. Moore successfully removed all marks of gunpowder from the forehead, nose and chin of a man whose gun had exploded. He used pure carbolic acid applied with a piece of sharpened wood, so to cover each speck as to destroy the tissue incasing the grain of powder. The patient was directed not to remove the crusts which formed until the tisues beneath had healed. The application was not very painful, but a cooling application of camphor, menthol and albolene was found useful.—Eclectic Medical Journal.

POST-PARTUM VAGINAL DOUCHES.

Post-partum vaginal douches are not usually needed in private practice, unless sapremia is developing, but a hot antiseptic douche, just after the third stage of labor, acts favorably in soothing pain and encouraging uterine retraction. The use of frequent small doses of quinine or ergotin after labor, by promoting uterine contraction serves to close the doors, namely the veins, lymphatics and fallopian tubes against infection. The physician himself ought to be as scrupulously clean about his obstetric patients as if he were performing a major surgical operation.—Denver Times.

HEARING THROUGH THE TEETH.

The essential part of the organ of hearing is not the external ear; neither is it the middle ear, called the "drum." It is the internal ear, a tiny structure lying within one of the bones of the skull. We hear by means of vibrations. Ordinarily these are conveyed to the internal ear through the drum; but they can be conveyed by any part of the head, and with remarkable power by the teeth. When the membrane of the drum is broken one may hear by placing on the teeth a fan shaped piece of metal, says Home Notes. All surgical instrument makers deal in such articles.

In supraorbital neuralgia use acetanilid n combination with caffeine.

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Medical Progress

Under this head we endeavor to present a condensed summary of practical medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

HOT BATHS.

Hot baths have been used in hydrophobia and in the convulsions of children for many years; they are certainly of value, and as an aid for the elimination of poisons benefit will be obtained.

Physicians are deeply interested in experiments made recently in the treatment of cerebro-spinal meningitis by Dr. Joseph W. Goldsmith and others in the Long Island College Hospital. In eleven cases out of thirteen the patients recovered. Dr. Goldsmith said the two who died were in the last atages of the disease when they reached the hospital.

Dr. Goldsmith's system includes two baths daily in extremely hot water, each lasting fifteen minutes. While the patient is in the bath his body is rubbed hard. Extract of ergot is practically the only medicine given.

One of the first patients treated was Motel Astiliski, a Polish boy who was ill of spotted fever when he arrived in this country last month. Several times in his first two days in the hospital it was thought he was dying, but he recovered.

If spotted fever is due to toxic influences, as many think, these baths, by increasing the action of the skin, will prove of benefit.

In Bright's disease and malarial fever, and in all fevers, baths, hot and cold, are suggested. Rheumatism is greatly relieved by them. Dr. Goldsmith in his eleven cases reported is on the right track. As to the use of ergot great difference of opinion exist. It is said to contract the capillaries, but the statement is one of theory rather than experience. We know little about therapeutics, anyway.

A NEW SERUM REMEDY FOR COMSUMPTION.

There will be something new to tell when von Behring, of the Pasteur Institute, feels that he may safely announce his discovery of what in a moment of enthusiasm he declared was "destined to protect men threatened with phthisis against the damaging consequences of infection." So much he has told us:—That he has succeeded in cultivating enormous growths of the bacillus of tuberculosis (which is not an animal but a vegetable); that from these large masses he has succeeded in separating three groups of substances, one group corresponding to the tuberculin of Koch, one a proteid group, and the third a group soluble in alcohol.

What is left after these three groups have been sieved out, in a manner of speaking, he calls TC. Inject TC under the skin of an animal which is susceptible from the lymphatic germ centers take up this TC and transform it into a substance which he first called TX, and later called tuberculase. Collect that tuberculase and introduce it into the system.

It will not reproduce itself, but it will start the growth of tubercles, like those which the great white plague begets, except that these do not become cheese-like, do not soften, and so are not expelled by coughing, thus spreading the disease farther. They heal of themselves and leave no trace. Professor Von Behring says that this tuberculase when injected under the skin of cattle will vaccinate them against bovine tuberculosis.

He has hopes that it will be possible to use it to vaccinate man against tuberculosis, but although it seems entirely practicable to us (who are ready to believe anything possible to science), and though it is said that those who have had tuberculosis of the lymphatic glands, and have recovered from it, are thereafter as immune to consumption as those who have had smallpox are immune to that disease. von Behring strongly emphasizes his statement that there is as yet no scientific basis for asserting that tuberculase will render man immune to consumption.

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THE TREATMENT OF INFANTILE DIARRHEA.

In an article under the above caption by Wm. Ayres, of England, published in *The Lancet* for June 2nd, the author states: "So far as medicinal medication is concerned I have had the most brilliant results with copper arsenite given in doses of 1-1000 grain to 1-100 grain every ten minutes for from four to six doses and then every two hours. A most useful method for removing the horrid fetor of these cases is to give the sulphocarbolates of zinc, soda and lime, of each ½ grain; if given in combination with bismuth the bismuth will no longer blacken the motions, but the sulphocarbolates must be of the purest description or they will produce vomiting and other undesired effects. I find the subgallate or salicylate of bismuth acts better than the subcarbonate or subnitrate.

MATERNAL IMPRESSIONS.

Dr. E. T. Shelley, of Atkinson, Kansas, after years of study and careful investigation, has reached the conclusion that there has never been a certain record of unquestioned "marking" by maternal mental impressions—all recorded instances being either merely coincidental or due to want of development in fetal life, as apt to occur when there has been no scare as when terror has been great. Dr. Shelley very aptly remarks that if half the women who are, prior to delivery, "sure" that the children will be "marked" were correct in their fears the world would be one hideous nightmare of deformities and monstrosities. He earnestly pleads for elimination of the subject from modern text-books on obstetrics. The editor of *Medical Standard*, however, takes him to task and says that he is wrong.—Am. Jour. of Clinical Medicine.

SUMMER COMPLAINT.

Cholera infantum usually begins as a dyspeptic diarrhea, and is most frequently caused by some irritant which has been taken into the alimentary canal. A rational treatment should, therefore, begin with a clearing out of the intestines, and there is no other remedy for this purpose which quite equals the "glycerin compound"—equal parts of castor oil and glycerin. Treatment begun in this way often confines the affliction within the limits of a simple irritant diarrhea. Children usually take the compound without much objection, but when they cannot (or will not) take the medicine, calcined magnesia may be substituted, and will do very well. Astringents are seldom needed in the treatment of diarrhea, but occasionally a patient will demand a "stop-quick" remedy, and every physician must, therefore, keep in stock something that will answer the purpose. Five drops of the specific aconite and ten to thirty drops of the deodorized tincture of opium, added to four ounces of water, will usually prove satisfactory. A teaspoonful of the mixture may be taken every half hour to every two hours. The preparation known as "chlorodyne," however, will better suit the man who is "in a hurry to catch a train."—Eclectic Med. Review.

THE CULTIVATION OF PROTOZOA

The artificial cultivation of certain species of protozoa believed to be connected with various forms of disease has heretofore been a very difficult problem. Nory and McNeal, of Ann Arbor, have discovered that some species, at least, will give a pure culture in the water which condenses in agar tubes, mixed with defibrinated rabbit's blood. This may lead to important studies in respect to microparisites of animal origin.

TREATMENT OF WHOOPING COUGH.

In an article under the abope caption Dr. W. G. Young, of Washington, D. C., in the *N. Y. Medical Journal* outlines the treatment as follows:

Inhalation of the vapors of certain drugs, such as eucalyptus, creosote, carbolic acid, or compound tincture of benzoin, is sometimes beneficial. The nose and throat should be kept clean by sprays of salt solution, boric acid solution, solution of sodium bicarbonate, or a solution

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of hydrogen peroxide in glycerin and water.

Various antispasmodics are used, the best of which are asafetida, antipyrine, sodium bromide and belladonna. If we try one of these and do not succeed in diminishing the number of paroxysms, we should try another. The mixture of asafetida may be given in 20-drop doses every two hours to a child of two years. Antipyrine may be given in 2-grain doses every four to six hours to a child of the same age. It is better to combine the latter with sodium bromide. Belladonna should be given in gradually ascending doses. We may begin with one drop of the tincture every four hours in a child of two and gradually increase the dose until the physiological effects are noted.

In the most severe cases stimulants may be required, when we may use whisky, brandy, or strychnine in appropriate doses. Tonics are useful in many cases, particularly during convalescence. Tincture of nux vomica is excellent if the appetite is poor. In poorly nourished children, especially those with a strumous tendency, cod-liver oil should be given. If the patient is anemic, iron should be given. An excellent preparation is the iron iodide.

AN INTERESTING EXPERIMENT.

Hektoen records two experiments made by himself in the inoculation of measles.

The experiments were made by taking the blood of a measles patient, a boy of nine years, who was inoculated with culture containing ascitic fluid, which cultures were injected under the skin of the chest of a healthy man twenty-four years old, who was just recovering from an uncomplicated attack of scarlet fever. So far as could be learned this man had not had any disease at all resembling measles. On the thirteenth day after the injection the temperature rose to 101, and on the fourteenth day, immediately after taking a warm bath, a red, papular, blotchy eruption broke out on the forehead and spread quite rapidly to the face, neck and chest. The case thereafter followed the typical course of measles to an uneventful recovery without complications. During the entire illness there was freedom from respiratory symptoms, and during the pre-eruptive period there was no special local symptoms.

In the second experiment the blood was taken from a girl twenty-one years old who had passed through an uncomplicated attack of typical measles and after culture in ascitic fluid was injected in the back of a man who had not had measles, the symptoms which followed were those of an ordinary case of measles, including typical rubeolous eruption on the forehead, face, scalp, chest, back and abdomen. The case promptly recovered.

Hektoen concludes that the virus of measles is present in the blood of patients with typical measles, sometimes at least during the first thirty hours of the eruption and that the virus retains its virulence for at least twenty-four hours, when such blood is inoculated into ascites-broth and kept at 37 degrees C.

If further investigation should establish the truth of what is here written, can we not apply the theory to other diseases?

VARIOLA AND VACCINATION.

Small-pox has been known and studied in China for more than three thousand years. They have used red applications for many centuries. They use red lotions for washing the eruptions and hang red curtains around the bed of the patient.

Dr. Hugo Goldman, a Hungarian physician, recommends vaccination with the exclusion of chemical light rays. He vaccinated in a room resembling a photographer's dark chamber, lighted only by a red lantern. The arms were dressed with red cloths applied to exclude the light. A slip of photographers' paper was placed under the the dressing to serve as a test for the exclusion of the chemical rays. In each instance the pustules developed typically but without the slightest inflammatory reaction. The scar was typical, although small, and there were no general symptoms of any kind. In some instances the red dressings were removed

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the second, third or tenth day, and the course of the pustules was somewhat milder than those of the uncontrolled.

Most of the vaccine used in France is furnished by the Institute of Animal Vaccine in Paris. A peculiar feature of this institution is that it provide for direct vaccination from the calf. If a case of small-pox breaks out, the fact is telephoned to the Vaccine Institute and an official is sent on a bicycle to impress upon all persons in the vicinity and to post notices, that a public vaccination will be held next morning. Public vaccination is held usually in the street in the vicinity of the small-pox case. In performing this operation the calf with its fourth, fifth or sixth-day pustules is sent in a specially constructed car, accompanied by a medical officer. Vaccinations are also performed at the Institute and at hospitals on certain days of the week, a complete list of which is printed in the newspapers. The people are easily persuaded to be vaccinated, and vaccination is brought freely to their very doors by the vigorous action of the municipal authorities.

Vaccination is also compulsory for all patients in all hospitals, except under exemption by medical orders. It is also compulsory for all those in municipal shelters who are not provided with a vaccination certificate, and by a recent enactment, in the first, eleventh and twenty-first years of life, all children in the schools and recruits under the conscription law are compelled to be vaccinated.

SOME POINTS ABOUT URINE.

Urine which contains pus and is acid in reaction is suggestive of tuberculosis of the genito-urinary tract.

The absence of albumen in urine does not preclude a nephritis. The microscope is the only means of differentiation.

Fine hyaline casts are soon degenerated by the growth of the ordinary bacteria present in urine.

Urotropin given internally or added to the urine (one grain to each ounce) will preserve it perfectly for several days. I have tested this simple method a number of times and find it perfectly satisfactory. Some of the specimens have been shipped from Florida and other distant points and arrived in a perfect state of preservation.

Urine which contains tubercle bacilli should be carefully disinfected with carbolic acid before being mailed; because there is great danger of breakage and the possibility of scattering the infection.—The C. S. Monitor.

THE SANATORIUM TREATMENT OF TUBERCULOSIS.

Dr. Geo. B. Kalb says that sanatorium treatment gives the best results in the treatment of tuberculosis, because the patient is under continuous control, and nothing is left to the feelings or whims of the patient or his family. The total eradication of the disease is within the range of the possible, and to make it more probable institutions of three kinds should be established: (1) For incipient cases where practically all can be cured; (2) for advanced cases where a goodly percentage can be cured; (3) for far-advanced cases where some can have their disease arrested and the remainder given euthanasia, and all prevented from infecting others.

DENUDATION VS. SCARIFICATION IN VACCINATION.

Cleanse the part to be vaccinated, moisten a piece of cotton with liquor pottassæ and lay on skin, allow to remain two or three minutes, wipe dry and use a toothpick, a piece of gauze or damp cotton to rub away the softened epidermis. There is slight friction only, unaccompanied by pain. In a few seconds we obtain a moist, shining surface and no bleeding. Apply vaccine in the usual method.

When the baby's mouth and gums are hot and feverish, as in teething, it is a good plan to give the baby, at intervals, a small piece of ice wrapped in clean linen and allow him to suck it.

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Notes and Queries.

FOR this department we cordially invite questions, comments and criticisms on all topics of interest to the physician in his daily work for the relief of the sick, thus making the Summary a valuable medium for intercommunication between the medical profession.

Correspondents will give their names and addresses, but initials only will be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

SUDDEN DEAFNESS.—QUERY AND REPLY.

Editor Medical Summary:

A patient came to see me the other day saying he had gone deaf suddenly in his left ear. A young man about 25, who had taken liberally of whiskey for several years.

Family history: No venereal disease, no typhoid or malarial disease, has no nasal or other catarrh, no impaction of wax. Can you suggest anything in nature of medicine or operative that would relieve him? What is the cause and prognosis of the case.

B. RAY BROWNING, M. D.
Littleton, N. C.

[If there is no dizziness, staggering or decided ringing in the ears, or other evidence of middle ear trouble, we would suggest that the deafness is caused by a plug of mucus in the eustachian tube, even though there is no evidence of nasal catarrh.

As to treatment we should see to it that the nasal passages are thoroughly open on both sides; this is essential that the proper amount of air is passed through the eustachian tube into the middle ear.

In order to make sure that there is no impacted wax in the external ear, clear out the passage thoroughly by dropping 5 or 6 drops of hydrogen peroxide into it three or four times a day. Spray the nostrils thoroughly with a solution of one part glycerin, two parts hydrogen peroxide and three parts water. Use three times a day.

Inflate the middle ear by using the Politzer bag, if possible. This treatment will assist in removing the mucus obstruction, if this is the real cause of the trouble, and will also aid in reducing the inflammation that may be the possible cause of the closing of the tube.—ED.]

THE MOSQUITO AGAIN.

Eaitor Medical Summary:

The article on page 79 of May number of the SUMMARY noticed. The article contradicts itself inasmuch as Dr. Gray says in the second paragraph: "I have seen them (the mosquitoes) take their beaks from fever patients and put them directly into the cutis of persons not infected," and later he says on page 80, "that once filled with blood it never again attempts to bite a new victim."

He also says that the mosquito does not live over nine days and it takes two weeks for the virus to develop in the mosquito. The statement is absurd, for we must give the investigators credit that they would be sure that the mosquito lived two weeks before advancing any such theories.

The theory of transmission through the mosquito has been proven in the most rational manner by reliable men and now a few cranks come along, and by a lot of bombast and irresponsible statements seek to tear down what has been built up.

I notice that the usual course of these fellows is to make vague statements, or if positive statements they fail to prove them. They are usually narrow minded fossils; who are "anti" everything and gain cheap advertisement and "fame" through their bombastic empty phrases.

It was not long ago that we had thousands of anti-vaccinationists and even now have some anti-serum(diphtheritic) cranks, who speak of antitoxin as "hoss" juice and even have some "doctors" who deny the existence of bacteria! Good Lord! but it does seem queer that there are such folks alive!

C. S. WASSWEILER, M. D.
483 Grove St., Milwaukee, Wis.

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POSITIVE DIAGNOSIS.

Editor Medical Summary:

If your patient manifests symptoms of acute indigestion, enteritis, dysentery, typhoid fever, pneumonia or any other ordinary disease that sometimes have become serious or resulted in death, give him A. C. C. pill or tie up the bowels,if there is diarrhea, with kino, catechu, capsium, camphor, ginger, laudanum, etc. Give a little quinine every three or four hours, reduce the fever with acetanilid, relieve pain with opium or morphine and the patient will not need attention more than nine or twelve weeks, and in that time most all of any classic syndrome will have been noted and you can feel quite sure of your diagnosis, be it bloody flux, typhoid fever or even typhoid-malaria, and if consultation is had the consultant will rarely question your diagnosis (anyway this has been our experience and assisted by consultants of experience who assured us mortality in our cases was no greater than in theirs.) And if the patient gets well you will be known as "the life saver" and an "awful good doctor in fevers, that pulled Jackson through an awful long spell of the fever."

Or you can clean up the patient's tractus intestinalis, equalize the circulation, balance up the nerve centers, equably poise the whole system as nearly as possible, put every organ and apparatus in best shape with an eye to their collective relationship by the use of active dependable remedies in definite dosage according to the method of active therapeutics, and then see what you have and what remains to be done. But it may be that often the patient will refuse to be sick longer and there will be nothing to do but let him go and you may have your diagnosis disputed and even doubt it yourself for a while. We speak from our own experience of over twenty years. Under "the clean out clean up" depoisoning active method we have had no long drawn out cases of bowel trouble, bilious fever, pneumonia, typhoid fever or mixtures. Has it just happened or have we nad only mild cases the past ten or more years? Or is the credit due active treatment? We claim it is. We feel we have competent and adequate evidence to substantiate it. We are so confident of the ability of the active remedies to abort, jugulate, modify disease so as to be desirous and willing to demonstrate it by personally taking charge of cases in hospital or private and let results decide, preferring more especially pneumonia and typhoid fever.

J. R. LANDERS, M. D.
Bernadotte, Ills.

INTESTINAL ANTISEPSIS.

Editor Medical Summary:

Some day, peahaps, every doctor will realize that autotoxemia is at the bottom of 90 per cent. of all diseases, and will proceed to act accordingly by insisting on a personal knowledge of a clean bowel in every case. He will also accept as a fact the utility of the intestinal antiseptics and will believe that even if a sterile bowel is an impossibility (a thing not to be desired anyway) removal of odor from the intestinal dejections is decidedly of benefit as shown in the amelioration of symptoms.

Let these two points be thoroughly proper and the practice of medicine gains immeasurably. Then will the good we can do our patients speak strongly for the demand we make for our patients' confidence, receiving which strengthens our self confidence and this in turn reacts on our patients again. By profession we shall soon attain the medical millenium, when quackery and charlatanism shall cease, when the profession shall occupy that high position it deserves in the hearts of the people, to our own great advantage, financial and social. This isn't all rot, by any means.

A clean bowel is the basis of a Christian character. Continuous self poisoning must produce, in time, sad mental lapses. I believe that it is a fact not to be controverted that chronic autotoxemia is the "open door" to imbecility, dementia, insanity—to chronic ill health, ill temper—to suicidal and homicidal tendencies. So conversely, to protect from the advent of these mental aberrations, "clean out, clean up, keep clean."

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Many years ago the sulphocarbolates were introduced but receiving not the sanction of the profession were dropped, to be received in a chemically pure state by Dr. W. F. Waugh and are now about to be accepted by the profession as the safest, simplest, most uniform intestinal antiseptics. They are soluble, non-irritating in solution, easily administered and quickly acting. Given in sufficient quantity, fetor of the stools is removed, and with the diminution of the odor all symptome improve. The gastric and intestinal symptoms improve, the fever drops, the tongue becomes moist and clean, the breath loses its foul smell, the delirium leaves, the skin becomes moist and the patient convalesces rapidly.

In typhoid fever the antiseptics (sulphocarbolates of lime zinc and soda) are an important part of the treatment, every case when seen early, and these remedies used freely, reacting rapidly and aborting or running a much milder course.

In cholera infantum, they are essential, removing fetor of stools, diminishing the number and alleviating the aching and pains.

In fermentative dyspepsia, after thoroughly emptying the alimentary canal, they are promptly effective.

In all fevers of childhood they produce rapid amelioration of all the symptoms.

In malaria, phthisis, pneumonia, this preliminary treatment is often half the battle.

In fact, wherever there is fetor of stools, in all the communicable diseases, in all derangements of the intestinal tube, these antiseptics are surely indicated.

Notwithstanding theory and laboratory experiment, clinical tests are final in proof or disproof, and here the antiseptics stand out clearly. Nothing but good can result from their use. They relieve *cito tute et jucunde*. They assist our other efforts to relieve and cure, by their means abortion of acute disease is rendered more certain.

R. J. Smith, M. D.

Smithfield, Utah.

There are three conditions in which phlebotomy is the ne plus ultra; namely, apoplexy, eclampsia and plurisy.

FRESH AIR VENTILATION.

Editor Medical Summary;

I trust my readers when they peruse this article will be convinced that I am not trying to give them hot air but pure air. It is an acknowledged fact that Philadelphia has at last been aroused from lethargy and is experiencing a period of building which she has never witnessed before; particularly is this true of West Philadelphia, which, like a new city, has arisen almost instantly. It has been quite noticeable that architects design houses, local boards pass the plans, builders erect places which are totally devoid of all provision for the admission of fresh air and may be likened to holes of Calcutta on a small scale; as for arranging for a change of air by the passage through the room of warmed fresh air in winter and cooled fresh air in summer of a healthful degree of humidity, such a proceeding is never dreamed of. But in inspecting most of the houses of modern type, particularly of West Philadelphia, it is gratifying to note that such a provision is made in the shape of the old fireplace, hot and cold air shafts.

The drowsiness which often oppresses an apt congregation may be due frequently, viz., more correctly ascribed to the abscence of any attempt to ventilation than the cause to which it is generally attributed.

Who is there not acquainted with the unwoholesome atmosphere to be met with in nearly every public building.

What student does not recall such an experience while taking lectures; how eagerly he would drink at the well of knowledge but clasped in the arms of Morpheus; not because the subject was dry, for medicine at all times is interesting; not because the student was out the night before, but because there was a lack of pure air or ventilation.

Our drawing, dining and bed room are frequently in a most disastrous stat- on account of impure air or improper ven tilation. I have always maintained, and increased experience has only confirmed my previous conviction, that the impure condition of the air in our houses, be

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they factories, public buildings or dwelling houses, have much to do with the great prevalence of such diseases as phthsis pulmonalis, bronchitis and pneumonia, which together make up nearly one quarter of the total mortality, and if we could strike a telling blow to that great evil—namely, poisoning by impure air—we should do much to save life. Unventilated and overcrowded workshops and schools are, moreover, the nurseries of strenuous disease in general, which sap the strength of the community. The fact that an increase of cousumption occurs *pori possu* with the increase in the density of the population, that a manufacturing center where the males are the chief workers at indoor employment, the male death rate is the highest, and in others where females principally, at indoor work they suffer most, that in agricultural districts where the men spend nearly all their time or lives in the open air, and the women scarcely ever leave their cottages, the female death rate from this disease is higher than the male, all points to the inevitable conclusion. The overcrowding of school rooms where the children are constantly breathing this vitiated air is a subject which has been discussed with considerable vehemence. I find that most people keep their houses too warm. Each person should not have less than 9,000 cubic feet. Would suggest that the windows in any sleeping apartment should be kept wide open, inasmuch as there is no draught on the patient, and in the sick room the window slightly raised or pulled down at the top. Much could be said as regards the ventilation of the school room, but space and time forbid.

J. A. BUCHANAN, M. D.
432 Snyder Ave., Phila., Pa.

THE INDICATION FOR THE REMEDY.

Editor Medical Summary:

How often does it happen that one physician recommends to another some remedy, new or old, speaking with enthusiasm of its virtues, and the favorable results which he has obtained from its use in a certain class of cases; and when his neighbor goes home to try the remedy in the same class of cases in his own practice, he fails to get the favorable results which his friend had described, and perhaps without any further attempt to test the remedy, perhaps only after repeated failures, he loses confidence, and consigns the new remedy to the list of failures, pitying his enthusiastic friend for the ease with which he has been taken in by a mere placebo or a transparent humbug.

Now, who was this? Was the first physician dishonest in his claims? Was he ignorant of the effects of the drug, or self-deceived as to the results of its use? Did he judge from too limited an experience? Did he mistake *post hoc* for *propter hoc?* Did he build upon the experience of others, and fail to see for himself whether their reports could be duplicated in his own practice? And if the answer is none of things, then why did the second man fail to get the results of the first? Was he unwilling to see any good in his neighbor? Does he lack faith in drugs, and so did he not give it a fair trial? Has he not the necessary skill to use the remedy properly?

The answer may be any one of these things, or it may be a combination of several of them. But the chances are that it is neither one or all of them. Both physicians are honest men, and both are seeking for a better remedy than they now have for certain conditions. The drug is a good one, and the first man actually got the results which he claimed. The only trouble is, that while the first man, by rare good fortune, has struck the key note of the drug, has found the proper indication for the remedy, the second one has failed to do so, and so his work with it has been a failure. The more potent the drug, the more positive and definite are its indications and the more difficult it is to determine them. It is not enough to say that a drug is "good for" rheumatism, but it is necessary to know the exact condition in rheumatism in which it is helpful. The more definite the indication, the more difficult it is to determine, and the easier to make a mistake, and fail to get results.

I have had this experience happen to me, and I doubt not it has happened to each of you. Dr. B. used to tell me of

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his favorite remedies, and the excellent results he got from them—and I knew he got them, too. But when I went home and tried them for myself, I usually failed to get his results. On the other hand Dr. C. told me the other day, that he had been trying to use the active principle granules of digitalin as I had advised him, but that though he gave a large dose, he could not see any effects. This time the case was an easy one, for when I asked him what dose he had given, he answered "one-fiftieth of a grain." Little wonder that from this dose, given once only, he had seen no results. For digitalin is a remedy slow to act, and needs to be given in 1-67th grain doses every hour or oftener in acute cases until effect, then less frequently; while in chronic cases I have given as many as twenty granules a day, though only after the smaller doses had become ineffective. Next time he tries digitalin I think he will get results. And right here let me say, that Germanic digitalin, which as I understand it, is a mixture in definite proportions of three different active principles of digitalis. This was the first of the active principle granules which I used, and I have come to depend upon it wherever digitalis is indicated.

J. M. FRENCH, M. D.
Milford, Mass.

TREATMENT OF LUPUS, ETC.

Editor Medical Summary:

Reports from Germany show success in the treatment of lupus with the tincture of iodine, external application, the normal tincture is used; the object being to promote absorption of the tumors sometimes seen, and other products of abnormal blood. Quinine is also used in five grain doses, in capsules or in gelatin coated pills. Five grains are taken at night, and in the morning. Lupus is both a nerve and blood disease, hence the necessity of toning up the nervous system, and correcting the blood. It is not claimed that this treatment will cure every patient, for in many the disease has progressed too far to offer any hope. That lupus is closely akin to cancer no one doubts. The distruction of tissue, malignancy of the tumor, and persistency and characteristics seen and treated by skilled experts; a few of which think the disease alike.

A new preparation of iodine called Iodalia, can be used in the disease with advantage, five grains three times a day in powder, given in water.

Lupus is a disease rarely seen, and does not appear as a complication. It is difficult to handle, but is not inherited or transmitted. Once seen it is seldom forgotten. It is not related to syphilis.

Although the iodine and quinine treatment may disappoint us in some cases, it is an improvement on the curette and knife.

Koplik's spots as a diagnosis of rubeola are excellent diagnostic points. They somewhat resemble aptha, but diagnosis is easily made after 72 hours, when coryza and cough and fever are noticed, To hasten the production of the eruption a warm bath is necessary, it can be given at night and patient be put to bed. Such bath may be made of equal parts of hot and cold water to which two tablespoonfuls, of ground mustatd is added.

"In certain parts of South Africa," said Thomas Asbaldistone, of Johannesburg, there are baboons which carry into practical operation the doctrines of Dr. Osler. These simians have no earthly use for the aged of their own tribes and when one of their kind gets too old to help himself the rest ostracise him completely, neither tolerating his society nor helping him to sustain life.

"Never was there an exhibition of such callous and cold blooded indifference as these 'babyans' show to their helpless old. One of our scientific men who had made a study of this phase of their life, told me that in this treatment of the aged by the baboons the theory of Darwin was vindicated, and that there need be no further search of the 'missing link."

Dr. Osler ought to rejoice, in the application of his theory, even if it is carried out by his cousins, the baboons.

What a world it would be if we were to treat our aged in the same way. They have worked and waited, loved and sorrowed, and should be cared for. Death

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comes soon enough, and as Pat says "Be jabers we'll be a long time dead," so as "we journey through life" let us live by the way." It is an excellent rule to enjoy all we can, to help all we can, to love all we can, and to resign ourselves to the inevitable. There are worse things, than death. Selah!

Luigi Galvani Doane, M. D.
New York City.

REMEDIES IN DISEASES OF WOMEN.

Editor Medical Summary:

In the treatment of diseases of women Lloyd's specific helonias will often be of great value. I mention this preparation because there is some difference among writers in what remedy is meant when helonias is mentioned, also because this is a reliable preparation. By Eclectics helonias is considered the most important remedy in the treatment of diseases of women, that is, it has a wider range of usefulness than any other one remedy. It is often prescribed with chionanthus Dr. J. W. Fyfe says:

"The most marked effect or special action of helonias is on the uterus, and it is a remedy of curative power in all abnormal conditions caused by a loss of tone in that organ. In sterility from uterine atony it is without doubt the most efficient remedy known. It many times prevents miscarriage through its tonic action on the uterus and the general system. The general health is improved by its use as a result of its influence on the digestive organs, increasing digestion, and promoting assimilation."

Ergot is an important remedy in the treatment of diseases of women. It would take an entire article to tell all about its virtues.

Gossypium is another important remedy. It somewhat resembles caulophyllum, while ergot somewhat resembles cimicifuga.

Oil of parsley is useful in some diseases of women. It is also known by the name of apiol. Recently I received a letter which read as follows: "Liquid (or fluid) apiol is an oily substance obtained from the seeds of apium petroselinum (*petroselinum sativum*). It appears on the market in two varieties—green and colorless.

"Liquid apiol was introduced by Homolle and Joret in 1849 and is now official in the Belgium Pharmacopeia it is an oily colorless or slightly yellowish-brown fluid of a somewhat parsley-like odor, a strong, pungent taste, a slightly acid reaction, specific gravity 1.078–1.080 decompuses upon being heated without volatising and burns without leaving a residue, clouds at 12 degrees C (10.4 F) without solidifying, is colored beautifully red, and is solidified by concentrated sulphuric acid gelatinizes when mixed with nitric acid and forms emulsious with alkalies without undergoing any change. It is very soluble in alcohol, in ether and in chloroform insoluble in water.

"Liquid apiol is essentially an indefinite mixture of crystallized apiol with parsley-oil terpene.

"Apiol fluid, green, of commerce is an oleoresin of parsley—seed, incompletely soluble in alcohol and solidfying already at a moderately low temperature.

"Taken internally in small doses liquid apiol acts as a cerebral stimulant and emmenagogue in large doses as an anti-periodic, producing effects similar to those of quinine.

"The dose of fluid apiol as an emmenagogue in amenorrhea and dysmenorreha is 0.15–05 gramme (2–7½ minims) two or three times daily, in geletin capsules or in mixtures of emulsions flavored with peppermint oil; as an antiperiodic, 15 minims, increased to 45 minims,or until symptoms of intoxications—such as nausea vertigo disturbance of vision, tinnitus aurium, etc., manifest themselves.

J. A. Burnett, M. D.
Dean Springs, Ark.

Massey believes that a catarrhal condition precedes nearly all uterine disease; and he states that the constant current is almost a sure cure for all catarrhal conditions.

Uva ursi is a valuable remedy in decoction, or infusion, but has almost lost its reputation since physicians turned to the fluid extract.

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New Publications.

We can supply any Medical Book noticed in these pages or issued by any Publisher, on receipt of the publisher's price.

TRANSACTIONS OF THE AMERICAN ROENTGEN RAY SOCIETY. SIXTH ANNUAL MEETING JOHNS HOPKINS HOSPITAL, BALTIMORE, MARYLAND, SEPTEMBER 28, 29, 30, 1905.

This is a very neatly printed book of over 200 pages, and contains a number of most excellent articles, among those Roentgen Diagnosis of Diseases of the Lungs, by G. E. Pfahler, M. D., of Philadelphia, appears of special interest. There are a number of excellent illustrations in the book, which are useful to elucidate the text.

PRACTICAL MEDICAL SERIES OF YEAR BOOKS. General Medicine, Vol. I. Edited by Frank Billings, M. S., M. D., Head of Medical Department and Dean of the Medical Faculty of Rush Medical College, Chicago, and J. H. Salisbury, M. D., Professor of Medicine, Chicago Clinical School. Year Book Publishers, 40 Dearborn Street, Chicago, Ill. 1906. Price of the series of the volumes $10.00. Price, present volume, Cloth, $1.25.

This is volume I of the Practical Medical Series of Year Books for 1906, and as Dr. Billings says, it is a review of the best literature of medicine of the year, and his name lends strength to the fact that it is just what he claims it to be. Of course, it is self evident, that not all of the good things, written or even printed, during the past year could possibly be compressed in so small a book as the present one, when even a third of this volume is devoted to the subject of tuberculosis alone. However, it contains extracts of what has been thought best, in the editor's opinion, from the literature published during the year. And the editor's reputation is a sufficient guarantee that we can trust in his opinion.

NURSING IN THE ACUTE INFECTIOUS FEVERS. By George P. Paul, M. D., Assistant Visiting Physician and Adjunct Radiographer to the Samaritan Hospital, Troy, New York. 12 mo of 200 pages, illustrated. W. B. Saunders Company, Publishers, Philadelphia and London. 1906. Price, Cloth, $1.00 net.

This work though primarily intended for nurses, nevertheless forms a very ready reference book convenient for the general practitioner.

It is divided into three parts. Part one treats of general considerations and discusses such topics as the reduction of fever, the alleviation of symptoms, and the detection of complications. Part two considers separately the condition in fifteen fevers, while the third part contains miscellaneous but practical chapters, some of the topics being antitoxins, signs of the onset of complications, effects of drugs, enemata and topical applications, antiseptics.

Considerable space is allowed for individual notes or memoranda, and as many points worthy of record will arise from time to time, the space thus alloted must be considered of inestimable value.

THE EXAMINATION OF THE FUNCTION OF THE INTESTINES BY MEANS OF THE TEST-DIET. Its Application in Medical Practice and its Diagnostic and Therapeutic Value. By Prof. Dr. Adolf Schmidt, Physician-in-chief in the City Hospital Friedrichstadt of Dresden. Authorized Translation from the latest German Edition, by Charles D. Aaron, M. D., Professor of Diseases of the Stomach and Intestines in the Detroit Post-Graduate School of Medicine; Clinical Professor of Gastro-enterology in the Detroit College of Medicine; Consulting Gastro-enterologist to Harper Hospital, etc. With a frontispiece Plate in Colors. Crown Octavo, 91 Pages. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia. 1906. Price, Extra Cloth, $1.00 net.

The origin of this small volume is d

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to a series of lectures delivered by the author in the summer of 1903, and sums up the results of his investigations and observations for about eight years. The book presents a valuable aid in diagnosis, and, aims to facilitate the means of detecting faulty and diseased conditions of the intestines as we do through the agency of the test meal in stomach troubles. Former methods along this line required too much time and attention to details to bring them within reach of the general practitioner; but the present author has simplified these matters to such a degree as to bring this work down to a practical basis. A careful study of the teachings of this small volume we believe will prove helpful in clearing up many obscure cases.

A MANUAL OF THE ECLECTIC TREATMENT OF DISEASE. By Finley Ellingwood, M. D., Professor of Materia Medica and Therapeutics in Bennett College of Medicine and Surgery, etc., etc., in two volumes. Vol. I. 8vo., 455 pages. Chicago Times Publishing Co., Publishers, 100 State St., Chicago, Ill. 1906. Price, Cloth, $3.00.

As its name indicates, this work presents to the profession the method of practice of the Eclectic School of to-day. The work is in two volumes, the second is promised by the author to appear in the very near future. It is, of course, only in the way of treatment that this work differs from any other first-class book on practice, and while not all of us may agree with the author in just the manner in which he treats his cases, or drugs and dosage he advocates, however, all liberal minded practitioners must confess that there is much good common sense and practical information presented that it will be well for us not to overlook, and as the book is quite exhaustive as to treatment, it at once becomes a fitting companion to the author's work on Materia "Medica, Therapeutics and Pharmacology."

This volume presents the treatment of the infectious diseases, fevers, the exanthemata and diseases of the respiratory passages, lungs, heart and arteries. The second volume will present the treatment of stomach and intestinal disorders, those of the large glandular organs, the blood and nervous system.

THE WORLD'S ANATOMISTS. Concise Biographies of Anatomic Masters, from 300 B. C. to the Present Time, Whose Names Have Adorned the Literature of the Medical Profe sion. By G. W. H. Kemper, M. D., Professor of Medicine in the Medical College of Indiana, Indianapolis, Ind. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, Pa., Publishers, 1905. Price 50 cents.

This originally appeared in *The Medical Book News*, but is now published in a more substantial and revised form. The list of anatomists comprise two hundred and twenty-nine names, also the names of sixteen authors of works on anatomy have been appended, and a number of new illustrations added. It is a handsome, elegantly printed, brochure of about eighty pages.

SURGICAL SUGGESTIONS. Practical Brevities in Surgical Diagnosis and Treatment. By Walter M. Brickner, M. D., Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York; Editor *American Journal of Surgery*, and Eli Moschcowitz, M. D., Assistant Physician, Mount Sinai Hospital Dispensary, New York; Editorial Associate, *American Journal of Surgery*, Duodecimo; 60 pages. Surgery Publishing Co., Publishers, New York City. 1906. Price, Cloth, 50 cents.

This little pook contains many original, terse and epigrammatic, practical suggestions, and appears in a very attractive form, especially from the standpoint of the printer's art. It contains 250 suggestions, in paragraphical form, grouped under proper headings, and its contents are carefully indexed. While some of the suggestions presented may be familiar to the practical surgeon, yet they are, nevertheless, important, and are given here in such a form as to readily impress them on the reader's mind, and no surgeon can fail to profit by a careful perusal of this little book.

The book is bound in heavy cloth, stamped in gold, and the text is printed upon India tint paper with marginal headings in red.

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Favorite Prescriptions.

FOR DYSENTERY, CORNS AND A LIVER STIMULANT.

Editor Medical Summary:

The following formulæ have been thoroughly tested by me in practice, and when indicated, would state that they have seldom disappointed me. I trust that at least some of your readers may consider them of sufficient importance to give one or more of these prescriptions a thorough test:

FOR DYSENTERY.

℞ Sodium salicylate . . . . ʒss
Aqua . . . . . ʒviij

M. Sig.—One tablespoonful every two hours; also use a rectal injection of a solution of sodium salicylate 1 to 300.

FOR CORNS AND CALLOSITIES.

The following is of value for corns and callosities:

℞ Salicylic acid . . . . gr. xxx
Collodion . . . . . ʒvij
Beechwood creosote . . . ʒj

M. Sig.—Apply every night for four or five nights, then soak the corn in warm water and extract.

A GOOD LIVER STIMULANT.

The following is a good liver stimulant in most torpid conditions of the liver:

℞ Powd. gamboge,
Powd. iris,
Powd. leptandra,
Powd. aloes . . . . .aa ʒss

M. Sig.—Fill No. 1 capsules and give one every three hours until it acts.

J. A. BURNETT, M. D.
Dean Springs, Ark.

TO REMOVE HARDENED CERUM, FOR SUPPURATIVE OTITIS MEDIA, DIARRHEA

Editor Medical Summary:

I desire to call the attention of the readers of the SUMMARY to several prescriptions that I have found exceptionally useful:

TO REMOVE HARDENED CERUM.

This is sometimes troublesome, and consumes considerable time when very hard. To remove have patient lie down with affected ear upward; pour all the peroxide of hydrogen into it that it will hold. Instruct patient to retain this for fifteen or twenty minutes, then syringe with warm water to which has been added a little glycerin. Direct the stream along the roof of the canal so it can get behind the wax and force it out on its return. I know of no remedy that will soften and disintegrate these plugs of hard wax so readily as the above.

SUPPURATIVE OTITIS MEDIA.

In treating suppurative otitis media, especially where it is necessary to cauterize the secreting membranes of the tympanum, the following will give benefits beyond your most sanguine expectation:

℞ Picric acid . . . . . gr. iv
Alcohol, 90 per cent. . . ʒj
Aqua dist. q. s. . . . . ℥j

Leave the above solution in contact with the suppurating structures for a few minutes, when a free desquimation will take place requiring frequent cleansing. Do not use this prescription for cholesteatoma, as it is contraindicated.

FOR DIARRHEA.

This is the season for diarrheas. I want to give you a prescription for this condition when there is evidence of putrid material within the ailmentary canal:

℞ Bismuth subnit . . . . gr. xl
Pulv. ipecac . . . . . gr. ij
Carbo. liqui. . . . . gr. xv
Acid tannic . . . . gr. xx

M. et fiat chart No. xx. For an adult Sig.—One every two hours until they begin to check, then further apart. Before beginning with the above, clean out the canal as thoroughly as possible with castor oil.

C. W. CANAN, M. D., B. S.
Orkney Springs, Va.

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Summary Gleanings.

Tincture aconite, one drop on cotton, in the ear for earache gives instant relief.

It is claimed that the use of diluted alcohol as a tooth wash prevents the decay of teeth

For bed sores, bathe with alcohol and saturate cloths therewith and apply; nothing better.

In incontinence of urine in children give bromide of sodium and tincture of belladonna.

Chestnut leaves, a decoction of which is useful in whooping cough, but an alcoholic fluid extract is practically useless.

For chorea give Fowler's solution of arsenic, or arseniate of copper; overcome nervous symptoms by bromide of sodium.

The painfulness of withdrawing packings that have dried in a wound may be avoided by soaking them with peroxide of hydrogen.

For the amelioration of the paroxisms in whoopingcough Dr. C. Binz, of Connecticut, reports good results from the use of euquinine.

Twelve hours from the time of delivery the patient should have urinated. If no distress is occasioned, the physician may wait three hours longer before the catheter is passed.

Dr. Budd, of Frankford, Ky., says: Don't neglect local treatment in diphtheria. A fifty per cent. solution of hydrogen peroxide sprayed into the throat every hour has proved a most satisfactory treatment in my hands.

Guaiacol is certainly a great remedy for muscular rheumatism and other pains of the muscles and nerves; we have used it and therefore know whereof we speak. One part guaiacol to fifteen of vaseline or lanolin, and apply to the painful parts.

Give cod liver oil in tomato catsup if you want to make it palatable.

The majority of cases of neurasthenia will yield to the arsenical treatment.

In gastric ulcer depend upon a milk diet and the use of Fowler's solution of arsenic.

For sore nipples there is nothing better than pulverized gum acacia, applied as often as convenient.

A pinch of salt taken in the mouth before taking cod liver oil helps to disguise the taste and aids in its digestion.

It is stated that the oil of pennyroyal is antagonistic to mosquitos and that they will avoid sleeping people who have it about the bed.

In the cardiac dilation of valvular disease digitalis is the principal remedy, especially when dilation is marked and the pulse irregular.

For nocturnal palpitation Dr. Satterthwaite recommends camphor monobromate in one-grain dose, repeated at intervals of two or three hours.

Heller recommends large doses of salicylates in dermatitis with gouty or rheumatic diathesis to overcome the eruption and prevent further attacks.

Ten grains of lactate of strontium taken three times a day acts well in nephritis. The amount of albumen is decreased but the urine is not increased.

In cardiac hypertrophy cactus grandiflorus may be called for when the heart's action is much excited, with a sensation as if the heart were grasped or constricted.

In varicose veins of pregnancy Dr. Lusk advises to regulate the bowels and wear an elastic stocking. The patient should always be provided with a compress and bandage, which she should be taught to apply in case of a sudden emergency.

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THE MEDICAL SUMMARY

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.
Vol. XXVIII
R. H. ANDREWS, M.D., Editor & Proprietor
2321 PARK AVE., PHILADELPHIA, PA.
No. 6
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R. H. ANDREWS, M. D., Editor, 2321 Park Avenue, Philadelphia, Pa.

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THE RESULT OF OVERWORK.

The American people suffer from nervous diseases, because they work harder, sleep less and have less time for business, to properly masticate and digest food. Late suppers, hastily eaten, the drink habit, and gambling at the Stock Exchanges, have killed more than disease. Insanity, superinduced by excessive strain upon the nervous system, is the exciting cause of many cases.

The string that is constantly stretched will beak in time. Many of the most hopeful cases of brain exhaustion come in this gradual way. Thus the real injury is not appreciated until it is too late for remedy. The vital question is, "What are you going to do about it?" The relief of the strain must come by some diversion of pursuit.

The nerve specialists tell us that this lies at the bottom of all remedial measures Recreation means change. But it is no half way business, as is the present fashion. There should be as much of absorption of interest in one as the other.

Doctors especially suffer from constant nervous strain of this busy life with its irregular hours and insufficient periods for sleep and eating. Thus the foundation of brain exhaustion is laid so gradually as to be unrecognised until too late. What is to be done? The remedy lies in a complete change of pursuit, of scene, of air—the greater the change the more satisfactory the results. Work should give way to pleasure for a certain period and it will then be resumed with renewed vigor.

Every man needs rest and amusement; without these nervous diseases are invited. You cannot exhaust the system by excess, or tire it out by monotony

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without paying up for it. Rest, recreation and change are as essential as food and drink. Loss of sleep leads to insomnia, and this again to insanity. We all know it, and yet we keep chasing the dollar.

We live in a commercial age and money is our god. When we get it, we are old, infirm and like a broken reed and ask, "*Cui Bono?*"

George Sand said, "Americans are a race of traders, their women are money breeders only."

"The dollar is the standard in all things American." I do not think that we are any more grasping than other people. Americans want the best and are willing to pay for it.

They don't play enough, and take life too seriously. They ought to take more leisure and have more pleasure. A laugh has saved many a life.

The German takes an hour for dinner, the Spaniard takes a nap at mid day, but the American gets a quick lunch, goes to Chicago from New York in twenty hours. Rush and hustle, noise and bustle, and ere long, we pass away.

And no wonder tired nature protests, and neuritis, dementia and paresis are the consequences.

CONVULSIONS.

The word "convulsion" is a term applied to various widely different maladies. Generally speaking, convulsion signifies a paroxysm of uncertain duration with involuntary movements of the muscles, accompanied by unconsciousness, and followed by stupor. The convulsion may be accompanied by involuntary movements of all the muscles,or only the muscles of the side.

Only one complaint can be confounded with convulsions, and that is epilepsy, and even then the mistake can only be made if the convulsions are very violent and followed by profound stupor. If the attack can be ascribed to any known cause and the parents are not epileptic, they are, in all probability, ordinary convulsions. The younger the infant the less likely is it to be epilepsy.

CHRONIC CARDIAC DISEASE.

Someone says that he does not believe we appreciate inflammatory conditions as causes of heart disease, but confine ourselves to changes of structure in the valves of the heart; this is a mistake.

Pleuritic inflammation and rheumatism often leave the heart weak and subject to pathological changes, and dropsy is frequsntly a complication; perhaps valvular disease and stenosis may be considered as another, for it frequently happens that both inflammatory and valve changes are seen and treated by skillful men.

NOTE

Copy for Dr. Drueck's article reached us too late to have same appear in the present issue, but it shall appear in the next issue, and the subject will be "Perirectal abscess; which, no doubt, will interest many of our readers, as these series of articles are pre-eminently practical, and if the reader of these lines happens not to be a subscriber to THE SUMMARY he should not fail to send the subscription price at once.

Equal parts of olive oil and lime water, applied as often as required, is stated to be very efficient treatment for piles.

For prickly heat, apply with sponge, two or three times a day, a two per cent. solution of sulphate of copper; cure in a few days.

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Original Communications

BRIEF and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies applicable in the treatment of diseases are solicited from the profession for this department.

Articles intended for the Summary must be contributed to it exclusively. The editor is not responsible for the views contributors. Write plainly and only on one side of the paper.

THE "SEVERE COLD" OF HOTTEST SUMMER.

(A NOTE ON A WELL DEVELOPED CASE.)

BY WOODBRIDGE HALL BIRCHMORE, M.D.

If by chance in Winter's gloomy reign we hear some person say, "Sam has a cold," we understand the speaker to intend to convey the idea that Sam is suffering from some irritation, or inflammatory disorder, of the air passages, upper or lower, and that this disorder has been called into being be an exposure to air of low temperature, and at the same time that we, as usually as unconsciously, assume the cold to have some relation to the air passages, we also recognize that this association is by no means essential.

That one may take cold and that the consecutive inflammation may develop in a region sharply defined is very evident, for medical nomenclature recognized "a cold in the head" as well as a cold on the lungs, ' and but a few decades since it wrote and spoke of "a cold in the bowels" also. We may therefore assume that by a cold is intended any superficial inflammatory action practically confined to the endothelium, or more properly the epithelium of the endoderm, the internal skin, this inflammatory action having been called into being by the influence and activity of low temperature, specifically by the low temperature of the respired air.

It is probable that the condition is called "a cold" chiefly because it was noted that the effect of air at a low temperature is to produce a definite inflammatory action, but what do we intend when we use this same phrase, it may be of an incident of a July day or August night, when the season is giving to us nights without rest and days devoid of ease? When observers saw that this definite inflammatory action, or one which they supposed to be the same, was produced by a cause unknown, but surely one other than the well-known and recognized cause, low temperature or chill, they made use of the same name ignoring the causative relation. In a word the common usage has become such that "a cold" may be defined as "an illness like to that produced by the irritation of air at low temperatures, but the implied causative signification is wholly ignored.

One careful observer writing about ten years ago saw fit to say, "any superficial inflammation, or inflammatory process, taking place in the endoderm is 'a cold,' no matter what the causative, provided no well defined injurious factor other than sudden temperature change is known to have taken part in the causation, but this word is frequently misapplied to conditions in whose causation temperature has played no part."

DEFINITION. It follows then that we may define a cold as "a superficial inflammatory action producing changes in the endoderm and the annexed structures, usually limited to the epithelium and presenting the same clinical symptoms as those produced by low temperature and the leisions produced thereby."

The careless way in which the phrase "I have a cold" is misapplied is shown by the following incident of a few days since: A man engaged in the construction of "refrigerating plants" had been exposed to the fumes arising from a leak in a receptacle for liquid auhydrous ammonia, and had he expressed himself correctly he should have said, "I was exposed to an invasion of my upper air passages by the fumes of ammonia, which caused intense head inflammatory action," but he did say "I inhaled the fumes of ammonia and it has given me a bad cold in my head." This careless misuse of words has been the cause of much confusion in the discussion of the pathology and therapeutics of "summer colds," so much so that one well-known and most trustworthy writer has said, "Within this pathological

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group, the summer's colds, we shall one day find the most unexpected causation and the most intricate therapeutic problems. I am convinced that these cases are insufficiently investigated, if investigated at all, but I wait impatiently the time when their importance shall be recognized, and the utmost ability for investigation at the command of the modern pathological laboratories shall find in them problems on which to exercise the full capacity both of their material and intellectual outfits. During this one season, the summer of 1903 I have sought to understand, and to give relief to eleven patients who were under my care for summer colds of greater or less severity, and I am now constrained to say that beyond the fact that no two of them had the same origin I know absolutely nothing of the causation and pathology. So important do I consider this group of injuries to be that I urge each one who has an opportunity to investigate properly to do so. The item of first importance is the cause of the illness; second, but scarce second in importance is the clinical manifestation, and in respect to this clinical manifestation, including both the symptoms and the treatment, the keeping of the most complete notes is a duty as pressing upon the physician as is obedience to the decalogue or the law of the land, more pressing than this last it may be."

The writer does not think this last statement an exaggeration, on the contrary, he is inclined to see in "a summer cold" the invasion of a human being's person by an as yet unadapted germ, an unadapted disease producer, which if by chance it can become adapted will by this adaptation add one more to the list of contageous and infectious diseases to which mankind is exposed. This possility is no imaginary peril for there must have been a time when even tuberculosis was uncommon and variola unknown among mankind. That the peculiar incident reported in this paper is an illustration of an invasion by an unadapted germ I most firmly believe, for the best search which was possible has been of no avail as "finding-lists" give no clue to any drevious mention. That this case ended in relief is true, but I have seen one case since in which I believe the cause to have been identical with that of the subject of this paper which ended fatally.

On a bright May morning a few years since I was sent for to see a Mrs. B. who it was said was suffering terribly from "a cold which she had taken while out riding with her husband the night before." The notes of the case do not say who called but my impression is that it was Mrs. B's mother, this fact is mentioned because of the lapses in the note in reference to the call. Eight p. m. is hardly night in the latter part of May and they had been "driving," not "riding," both important circumstances in this case.

On reaching the house I saw plainly that something had happened for a condition not unlike to panic was that of all the persons in evidence. It was written large on the face of Mrs. B's husband and her mother was almost or quite in hysterics, while the patient who evidently was suffering greatly was by far the least excited of the group. There was no question as to the seriousness of Mrs. B's condition but it was equally certain that her will was dominant in the circumstances, she controlled matters as fully as if she had not been ill and it was clear that whatever had been done found its originating impulse in her mind, or as found later in that of her maid, who fortunately was a certificated nurse.

THE CONDITION OF THE PATIENT appeared to me to be in some respects peculiar, her lips were swollen so that they were slightly everted, the conjunctiva was turgid, and both upper and lower lids appeared to be injected and much swollen. Having made an endeavor to inspect the fauces and the pharynx I saw that the entire tract was edematous to a serious degree and her maid said to me quietly, "Madame has but just recovered from a fit of coughing which came near to ending in suffocation. The fit resembled that for which you have done intubation." I was already preparing to get a view of the larynx and I found that she was right. The condition was most certainly very serious, but the edema suggested a serous rather than fibrinous infil-

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tration. With this in view I carefully applied to every portion of the larynx which I could reach, specially to the cushion-like swellings on either side the laryngeal space, a solution of Monsel's salt in glycerin, which appeared to cause a rapid dehydeation of the tissue, and immediate relief of the most distressing symptom, the closing of the larynx, followed. So great was the relief that Mrs. B. leaned back into her chair and let her head rest as if she were trying to utilize the respite from attempts at coughing and suffocation by taking a nap.

THE HISTORY. Taking advantage of the respite I began to try for a little information as to the cause of this strange outbreak. In answer to my question, "When did this trouble begin?" Mrs. B's mother spoke up with the manner of a person intending to stop all inquiry, "Molly went to ride with her husband and some friends last evening and she has taken cold. That explains everything." The evening previous had been warm and her husband would not have permitted even a suggestion of exposure, so I was satisfied that Mrs. G's (Mrs. B's mother's) explanation would not explain and I asked, "Did anything happen?" Mr. B. appeared to see daylight and said, "I should say so, and I do not want to see the like again." Evidently the tale had been told in the household for Mrs. G. immediately said, "That is all nonsense George, I tell you all that troubles Molly is a cold." George was wise enough to continue his tale not heeding this criticism, and said that they had driven to the house of a friend who had promised them some climbing rose bushes, and that his wife had gone out to the plantation and had begun taking the straw and debris from a climbing rose bush which was layed down and that while she was pulling away the straw "something happened." Just what had happened he did not know but a cloud of dust had arisen all at once, that his wife's head had appeared to be enveloped in it and "then she began to gasp and cough and to sneeze and to gasp again until all at once she seemed to be exhausted and fell fainting into my arms. I got her to the carriage as quickly as I could and she came to in a few minutes. We started at once for home, and she had two terrible ill turns on the way coughing and sneezing, declaring she would surely die from strangling if she did not get relief." When she reached home she was much easier and went to bed, but she had begun again to have the coughing fits at about 5.30 a. m. The severity had greatly distressed her maid who had caused Mr. B. to be awakened, but in spite of all entreaty she was determined that no physician should be sent for until this last attack. When this last attack developed Mrs. B. had yielded to the wishes of others and I was sent for.

THE DIAGNOSIS. This appeared to indicate that this patient had inhaled a large quantity of the spores of some fungus, probably some species of Lycoperdon and that two series of symptoms had resulted therefrom. Series A, those of local irritation and series B due to the systemic effect of the poisons absorbed. Series A was already clearly developed; the manifestation of series B could not be long delayed, perhaps already were in being.

(Concluded in next issue).

The Sinclair Hotel, 165 Fulton St., Brooklyn, N. Y.

FACTS OR THEORIES?

BY J. R. LANDERS, M. D.

This human mind presents a hotch-potch of diversities beyond our ken, comprehension or analysis. The physician is a gallimaufry of conformity and contradiction, harmony and discord, assent and dissent and of the equable and disjointed in endless contrarity. We can rarely make rational and unbiased investigation, or make careful inquisition impartially, broadly and equitably. Rarely we weigh and consider unprepossessed and justly.

We wail that our pet scheme, or the method of our fostering care and contention is not accepted and advanced as we feel it deserves. As we iterate and reiterate with the excuse, "That it is of such vital importance." Then in the next breath we sneer at the other fellow when

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he asserts that he has a new and improved method that he considers of "vital importance" and straightway begin to invent theories to disprove his claim. In fact, it may be considered unique for one to so far acquiesce as to attempt to invent theories to prove rather than disprove any recent claim that conflict with any long accepted putative theory. The essential tendency of truth is to override obstacles, subdue error and defeat sophistry, though frequently hindered and delayed by a plausible though eroneous hypothesis.

On first thought it seems strange that every inch of therapeutic ground that has ever been gained has required a hard fight —a battle royal to establish every truth. It has been said that it was caused by conservatism on the one hand and prejudice on the other. However, it may be reasonable to attribute it in some measure at least to the desire for certainty of fact —to lessen possibility of error. Also, since time immemorial we have been called upon to accept and been duped by the fallacious to such utter chagrin that hesitation is consequent to efforts to avoid such result. This may be a material cause. But since truth tends to become fixed and perpetuated by degrees, we may if we observe closely see the gradual but sure acceptance step by step of every important fact.

Note the progress of the acceptance of the theory of autotoxemia and the fact of the source in the prima via, intestinal antiseptics as rational remedies and of the sulphocarbolates as such. First we ignored the subject and were silent. Next we said, "autotoxemia is being recognized as cause, etc." and now we have stated pretty emphatically that "autotoxemia was, is and continues a prominent cause, which if eliminated will almost entirely eliminate the possibility of protean disease." Yet we cannot believe the other fellow when he says the sulphocarbolates of lime, soda and zinc, singly or combined, as seems indicated, constitute safe, certain and satisfactory remedies that may be depended on for that very purpose; though men of national reputation, ability, intelligence, experience and observation confidently declare with candor, courtesy and courage their absolute faith in these salts as intestinal antiseptics and autoinfection preventives. But as though we know not of even such a statement, we wail and lament that we lack a "positive intestinal antiseptic" and in connection mention that we have some drugs that have some intestinal antiseptic power and then enumerate a few from the wrong and, as salol, betanaphthol, etc., instead of saying the sulphocarbolates of lime, soda or zinc and so forth.

This has the appearance of wilful perversity especially when we seem broad minded in other matters, anxious to advance the therapeutic good and eagerly receptive of all improvement of therapy. Yet still at mention of some therapeutic procedure that is contrary to some of our long held opinions, we begin to theorize, to upset and destroy rather than assist. This, we say, appears wilful perversity. But it seems rarely indeed that a welcome hand, a "hope 'tis true," a "Godspeed" is vouchsafed. Is our mental platform too narrow to hold a new idea of recent fact till our limited intelligence can compass and bring in view to study fairly until we can comprehend that we may honestly and rightly accept or reject?

Sometimes, too, it seems our knowledge of a thing is so limited or our one idea of it so overshadows as to cause misconception that binds us until we cannot get away or understand beyond it. Consequently we fail to understand and appreciate some remedial effects, harmonious and well understood, which would serve us so well. We may have in mind the full physiologic effect of strychnine with its nerve and muscle stimulating and sensitizing effect and speak of it as a "dreadful heart whip," forgetting to differentiate between sustaining and stimulating, between inciting and exciting.

So, too, it seems that knowing aconitine and veratrine are powerful remedies and that physiologic dosage may be pushed to the effect of complete paralysis of vital forces and cause death, for this reason we label them "dangerous depressants" which may tend to handicap and cause us to forget other remedial effects of proper

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dosage unmindful of the difference between "paralyze" and "pacify," remedy and ruin, enough and a lethal dose. We should remember there is a wide difference in the range of effects from what may be termed medicinal or remedial to full physiologic. Our most essential elements are most dangerous and require a controlling hand to prevent disaster when used. Fire will bake our bread, cook our meats and warm our bodies. It will also burn them up, consume them if not controlled. Water will furnish moisture for growth of vegetation, quench our thirst and preserve life. And it will also drown us, destroy the growing crops and deal destruction to all within the path of its rushing torrents, yet we would not withhold the cooling draught from the fever parched and burning tongue.

And so it is in the effects of drugs, and between needed effect and the effect of full physiologic dose there may be and usually is a vast difference, and between the two may lie many effects quite adequate to various needs. Honest inquiry, we would not condemn and one must hesitate until he knows or fairly comprehends. But to decry because contrary to onr views and practice is not progressive. To utter altisonant speech, to propagate a disbelief of facts of which we know nothing and consequently are not capable of even an opinion, does not to our mind harmonize with what should be expected of the physician. We would certainly not expect such perversity as we noted recently when a prominent authority commended intestinal antiseptics and the sulphocarbolates especially as such when shortly it was replied that intestinal antisepsis was impossible, and the sulphocarbolates failures since the party had tested it by the use of salol, etc., etc. It was the sulphocarbolates that had been commended, why were they not used? The sulphocarbolates were declared failures an intestinal antiseptic on the strength of the failure of salol when salol had not been recommended or even mentioned. Might as truly say veronal is not an hypnotic since theocin failed to produce sleep.

We would not mean to imply that every assertion should be accepted as truth; no, far from it, we should make due inquiry.

"Prove all things and hold fast to that which is good."

It is the attitude that strikes one as being inharmonious, which certainly should be consentaneous to reason and therapeutic betterment. Statements of facts which have no bearing on use and result is not pertinent. If "calx iodata" is not the iodide of lime and does not carry an excess of iodine over the iodide, does that fact militate against its therapeutic uses? And if tincture of iodine ought to do all "calx iodata" does but don't do it, is that any reason the later will fail? Because the iodide of lime does not contain enough iodine to effect results, does that signify "calx iodata" does not carry more iodine? Because we can't see why, does that mean a thing can't be true?

Nay brother, that is not fair; we cannot reason thus. But time will tell and truth will prevail, and just as autotoxemia has become understood, acknowledged and accepted, as source in intestinal tract has been accepted, so the theory and fact of intestinal antiseptics and the sulphocarbolates as such are winning ground and must find their place. And as "calx iodata" is known and used successfully by many and is recognized by some authorities so it will be accepted in its place, and its history will be at least, that it was the best remedy for membranous croup (not diphtheria) at this present time, and until a better is found, if ever. As there is a great awakening to the active treatment of acute diseases by active dependable remedies in certain dosage which is proving so adequate and satisfactory, so the fact must be acknowledged and accepted and this time will be labeled the time of the beginning of the settlement of active dependable therapy. See if it isn't. If we think not let us go to work and expose their fallacies to disprove the claims so we may as early as possible get away from error.

But not by standing afar off and decrying and yelling our disbelief and that it is contrary to theory. Such attempts cannot muzzle nor silence the truth theugh they may delay progress.

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Let us not burke a vital truth though we subject to the most rigid test and earnest demands with minds alert and honestly receptive.

Peoria Heights, Ill.

PRACTICAL BRIEFS IN MEDICINE.

By Samuel E. Earp, M. S., M. D.

Consultant in Practice of Medicine, Protestant Deaconess Hospital, St. Vincent's Hospital and Visiting Physician to Indianapolis City Hospital.

In typhoid fever we should bear in mind that the widal reaction may sometimes be negative. That it is also affirmative at times when the disease is not typhoid fever. Much importance depends upon the clinical symptoms although the laboratory should have its just desserts. Some cases of typhoid fever have no intestinal lesions which fact has so been proven conclusively within the past few years.

Some of the drugs that will aid in diagnosis are iodide of potassium in pneumonia, quinine in malaria, methylene blue to determine the opening of a fistula, chloroform to produce relaxation, jaborandi to produce flow of saliva for examination, tartar emetic in hysteria, digitalis or strophanthus in diseases of the heart and atropine in diseases of the eye. These are only a few of the many but are the most important.

In pernicious malaria small doses of quinine jeopardize the life of the patient; delay is dangerous. Large doses only are effective. In the milder forms of the disease the constitutional effect must be produced and to trifle with too small doses is to procrastinate.

Oil of eucalyptol will come nearer disguising the unpleasant odor of an ointment than anything else and it is an antiseptic.

For boils or carbuncles which sometimes appear in successive crops, give 15 drops of muriate tincture of iron three times a day, one grain of sulphide of calcium four times a day and keep the bowels open by Dorsey's magnesia mixture.

In the treatment of nettle rash avoid the use of watery preparations for local application. When the skin becomes dry the itching is more intense and the weals greater in number. Do not remove natural oil from the skin but rather increase it by the use of oil in vaseline. Combat nervous symptoms by bromide of sodium, elixir of paraldehyde, hydrate of chloral or tincture of valerian. Give Epsom salts freely and Fowler's solution of arsenic, 5 to 10 drops, three times a day, after eating.

There are few better agents than acetanilid. Untoward effects are produced because there exists an idiosyncrasy or the dose is too large or we do not recognize the contraindications. Many obstacles may be overcome by the use of a stimulant before its administration, but this is generally unnecessary.

No remedy will act so efficiently in albuminuria as lactate of strontium.

When a remedy is recommended for the cure or amelioration of a certain disease those who try it for the first time may meet with a failure. The error very frequently lies in the fact that the prescriber failed to properly consider the regulation of the dose, time and frequency of administration and the temperament of the patient.

Salicylate of sodium will give better results if not given when the stomach is empty and it may be accepted kindly. Let it be preceded by a soda cracker or a glass of milk. Salicylic acid is best given in milk.

For sweating feet many remedies have been suggested, such as tannic acid, fish brine, boric acid, iodine, subnitrate of bismuth and alum but none of them are equal to salicylic acid. However one patient was instructed to bathe the feet once each day with strong salt water, dust the salicylic acid in a clean pair of socks each day and take full doses of bromide of sodium. The latter agent was given because he kept his feet in motion when not walking due to a neurosis. The patient placed a thick layer of the salicylic acid in each sock and the cuticle was removed more completely than I ever saw

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following scarlet fever. After this occurance I was more explicit in my instructions to a patient.

24½ Kentucky Ave., Indianapolis, Ind.

WHY DOCTORS ARE POOR.

By Luigi Galvani Doane, M. D.

Doctors are poor simply because there are too many of them, but they will not admit this to be a fact, although statistics prove this statement to be correct.

Remember that all doctors, good, bad and indifferent, are included in this statement, which is equivalent to saying that the educated physician, practically trained, is not too numerous by any means. Knowledge and training are relative terms, for one doctor is better and wiser than another, although all physicians are proficient and honest and capable, as a general rule. The family physician of the past was often superior to the specialist of the present day, for specialists are frequently narrow men and trained in narrow ways.

Good talent will bring good prices, always, in medicine as in other lines of business, and success will be paid for by the public.

A physician who can cure cancer, or any other disease, will get rich, if he has a business head; otherwise he will remain a plodder and be poor. Education, no matter how limited, is better than ignorance, and a medical course teaches a man to think and reason even if he is unable to do better than his fellows, but it ought to be practical.

I knew a college graduate who used well English and could not spell simple words correctly, but in the sick room he was very successful. He told me that his compositions had to be corrected for him, that he never could spell. He could read Livy and Greek easily, was an excellent mathematician. He spelled sugar with an "h" and water with two "t's." As s diagnostician he was cautious, sure and gentle, and especially popular with children.

I knew a public orator, very popular, indeed, and his failing was arithmetic. He did not know how many times six plus six were. But these are two exceptional cases.

No man is proficient in all things, especially in these days of rapid advancement. There is too much to learn and unlearn, but all of us can get a good general knowledge of many subjects.

There are other reasons why physicians are poor, viz:

The hospitals and drug stores and the other enemies to the doctor.

The manufacturing chemist who puts up a poor qualtity of whiskey without a license and sells it as a cure all.

The prescription peddlers and the various health departments, giving away medicine, free vaccination, and the quack who is uneducated.

The Christian scientist, hypnotist and spiritistic doctor, all are competitors and lower the tone and dignity of the profession and decrease the profits. Unfortunately, however, we cannot infringe upon the constitutional rights of the individual, or prevent him from employing any man he desires, or from any man doling out medicine for money, or from advertising by means of pamphlets or public clinics or newspapers.

If a man wants to buy drugs and get free advice he has that right; any law that tries to abridge his civil right is unconstitutional. We have a right to buy our drugs, clothing or labors in any way and at any price.

Since then physicians are handicapped by enemies in the shape of hospitals and chemists and others, it is well to look the question in the face and meet it by following the methods used against us.

Some years since tea dealers commenced to give away crockery to tea buyers; this forced the crockery merchant to go into the tea business.

We have only to follow the methods of our enemies, the hospital, doctors, hypnotists, Christian scientists and druggists, in order to bring them to terms.

New York City.

The bromide of ammonium stands in high repute as a cure for acute rheumatism and the chloride of myalgia.

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LONGEVITY FROM A MEDICAL STANDPOINT

By Linton D. Landomn, M. D.

Baring accidents and the like, the length oi a man's life is not altogether as uncertain as some would have us believe.

The power of life, the vital power, longevity is in the nervous system.

There is impressed on the child in utero a nervous vitality that will determine its length of life.

We see this illustrated in cases of serious and protracted sickness, such as typhoid fever.

In such cases, if the patient belongs to a short life family, and he be near the dying time of his family, there will appear as the disease approaches the usual turning point, alarming symptoms, the pulse, everything, will indicate what the old practitioneers denominate "a giving away of the vital powers," and the patient sinks at once into the grave. Whereas, if the patient belong to a long life family, he too, may get full within the clutches of the disease; he may go, as it were, to the very brink of the grave, but even at this point, when he seems to hover between life and death, the vital principle flickering, flickering. "Ah! He is gone!" exclaims some distressed watcher. But he is not gone, and he is not going to go now. His anchor holds firm. The storm may snatch away limbs, and leave traces of its ravages, but his bark of life will ride the waves and bear him safely to the haven of a grim old age.

Frequently you will notice when a man reaches fifty-four or five years of age symptoms of heart disease will appear. These will grow rapidly worse, and in a year or two the man's dead. It will be said that the man died of heart disease. Well, it is possibly true that his heart was not altogether as strong as his liver, lungs, or kidneys, and so first gave notice that his nervous vitality was giving away, but the real cause of the death was that the nervous power, the vitality of the man gave way. He had lived out his nervous vitality, and if you will trace his pedigree you will find that that was the dying time for the blood that ran in his veins. I say the blood that ran in his veins, because the patient may have taken his nervous organization after his grandfather or or grandmother.

I knew a prominent physician whose father died at the age of fifty-four of heart disease. His mother died at the age of sixty-two of apoplexy. The physician died suddenly—instantly, of, I suppose, heart disease, as he had badly intermittent pulse. Now this man outlived his father by twenty years, and his mother by ten years, but his maternal grandmother lived to be one-hundred-and-three or four years, and he was the first child of his mother. Of the remainder of the family, and there were ten who reached maturity, not one of the nine reached fifty-seven years of age, except the eldest son, who, as stated, died at the age of seventy-two. The first child, as a general rule, takes his nervous organization after his mother, that is, it is said to take after the mother, but from the first child on, the children, as a general rule, become more and more like the father, until finally the child becomes almost a reproduction of the father. And herein is longevity strikingly affected, in that after the first child, the children take their length of life more and more from their father.

And this is according to reason, because the nervous power is that which sustains life. By it the heart beats, the blood flows, the liver acts, the whole machinery of life is moved, and, while it is not contended that a man is wound up like a clock, to run a fixed number of years, yet it is true, that there are strong and there are weak nervous organizations, and these are inheritable and transmissable, and as the child has inherited the one or the other, he will be long lived or short lived. And herein care should be taken in marrying. If you marry into a family that has a trace of heart disease, insanity, or the like, in its blood, you may well be apprehensive, for if you have several children, one or more will die of heart disease, or be locked up in an asylum.

Occasionly inherited qualities will not manifest themselves in one generation, but come out in the next. I knew a man

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who had a very timid, even cowardly disposition. This man married into a peace loving, timid family, but his third son is a man noted for his stern courage. But the paternal grandfather of this last named man was just such a man as his grandson is, bold, courageous, and self reliant.

Whenever a man reaches the dying time of that branch of the family after which he takes, he will die, even from a pin scratch.

There is a long life blood and there is a short life blood, but it is frequently difficult to make a practical application of this doctrine, because in this country it is so difficult to trace family histories and genealogies.

This law of longevity is especially noticeable in what may be called organic diseases, such as heart disease, kidney disease, and the like.

These diseases are attached to some bloods like miserable barnacles, and wherever you find that particular blood, you will likewise find the disease.

As a man gets older his nervous organization suffers from the shocks of time, and as this nervous organization becomes weaker, the heart, or some other vital organ will begin to give trouble, which, if the nerve supply had continued vigorous, would have given no indication of disease. This subject might be further elaborated if time permitted.

Columbus, Miss.

DIVISION OF THE FEES.

By E. S. McKee, M. D.

There is a feeling among the goslings of the medical profession that the specialists are getting a larger part of the fees than their services or advice are worth. There is a feeling among some of the specialists that they can get more fees by dividing up with the general practitioner, and some on the one side are asking a division of the fees and some on the other side are offering the same. Much of this is done on the sly but some of it will out. The question has become momentous enough to occupy space in the address of the President of the American Medical Association at Boston, Dr. Wm. J. Mayo. He said: "The one crying evil, which fortunately is not wide spread, is the giving of commissions—in other words the selling of the confidence the patient has in his practioner—to some specialist who in return will divide the fee in return for reference of the case. The one secretly takes money from the patient without his consent, and the other, in order to complete the bargain charges more than he should. This is equally harmful to the one who receives and the one who gives. Some attempts have been made to justify it, but the very fact that it is secret shows that both parties are ashamed to have it known and is an acknowledgement of its moral obliquity." The cause of much of the trouble is the fact that there are too many specialists and too many specialties. That a young man just out of college and the hospital should start up as a full fledged specialist is ludicrous in the extreme. He readily becomes a narrow minded bigot and can only see through the opthalmoscope, cystoscope, speculum, etc. Many of our specialists of to-day are specialists only in so far that they can extract a larger fee from the patient and with less feeling than his family doctor can. We can not have a good broad minded honest specialist who has not grown up out of the ranks of the general practice. He can not be a good specialist who has not first been a good general practitioner, and further I doubt if he can remain a good specialist for ten years without now and then doing some general practice to keep him from forgetting what he knew before he went into his specialty and to keep him from getting hide bound. It is well known that one can take a patient to several specialists in several specialties and each one is cock sure that the trouble lies in his department.

An illustration is not an argument, but let me relate a little story bearing on the subject of division of fees. When the writer first commenced practice he opened his office, unfortunately, on what was then the most popular medical square in Cincinnati. The letter carrier on his rounds in the morning would waken him from a night of undisturbed sleep. He

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would rub his eyes, look across the street and see dozens of people standing on the steps and sidewalk of the office of the late Dr. E. Williams waiting for the office to open that they might get in and get a front seat in the waiting room. The rear end of the writer's house was near the juncture of Lodge and Cano alleys, then thickly populated with negroes. It is admitted that for a time he did more business through his back door than through his front door. One night there came an urgent call from Cano alley, "a lady was in great misery." I found a buxom young colored woman bathed in tears and in blood. The tears were flowing from one side of her head, the blood from the other. After clipping the hair from the scalp on the back of the neck and turning up I found a cut across the occipital protuberance which I proceeded to sew up. When through, a young man asked me my fee. He looked prosperous and happy so I said three dollars which to my surprise was at once paid. They then informed me that there was a wedding in progress, that the young "lady" had two admirers but naturally could marry but was one of them at the time. This she about to do when the discarded lover appeared on the scene and asked her to reconsider and marry him. This she declined to do; so he hit her on the occipital protuberance with a loaded cane and knocked her down stairs. They invited me to stay which I did. After congratulating the bride and hoping inwardly that she would never experience such a beating from her husband I made my excuses and left. I was followed to my door step by the minister who performed the cermony, who said: "Doctor you rather got ahead of me, you got all the money they had." Flattered at my ability, while yet so young, to so exactly fit the fee to the ability of the patient to pay, a very scientific part of the practice of medicine, it being long before the discovery of the X-ray I said, "Why that is really too bad, I am sorry," and I proceeded to divide the fee with him giving him a dollar and a half. He thanked me heartily and before leadving said that he was a corn doctor by day and a preacher nights and Sundays and that if I ever needed anything in his line he would be happy to serve me. The Reverned Corn Doctor went to his reward before I ever had occasion to avail myself of his generous offer, but I have never regretted dividing the fee with my colleague.

Should the general practitioner send his eye cases to the eye doctor, his ear cases to the ear doctor, his throat cases to the throat doctor, his chest cases to the chest doctor, his stomach cases to the stomach doctor, his rectal cases to the rectum doctor, his genito-urinary cases to the G-U doctor, his skin cases to the skin doctor, his gynecological cases to the gynecological doctor, his X-ray cases to the X-ray doctor, etc., and had not married rich, who will pay the bills of the generous general practitioner?

Cincinnati, Ohio.

SCIENTIFIC MALARIAL MEDICATION.

By Robert Gray, M. D.

We hear from far and near a lamentable hue and cry about the difficulties inseparable from the treatment of malarial fever—an enemy to human health and life that appears under many *aliases*, up to the appalling magnitude of yellow fever—the curse of all tropical countries, as well as many regions of the United States, where zero weather is no stranger.

Our troubles are needless with the less pernicious malarial fevers, and due entirely to unscientific medication.

Malaria is or often runs into septic fever, that calomel and quinine may ultimately dominate, if they do not kill the patient in the meantime; and they, with the often repeated help of the fever, are pretty sure to reduce him to a deplorable state of debility, should he be so fortunate as to escape the manipulation of the undertaker.

In the tropics, and, may be in a less virulent degree, elsewhere, malaria has epidemic periods, once sometimes twice a year, running from thirty to ninety days, few persons escaping its ravages, under ordinary circumstances.

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Preventive medication is the proper course when it begins to develop.

The first care should be to boil in the morning all the drinking water to be used by everyone during the day.

℞ Podophyllin . . . . gr. 1-2
Ex. Nux vomico . . . gr. 1-16
Fx. Hyocyamus . . . gr. 1-8
M. Ft pill or tablet.

If there is serious constipation and indications of early fever I give a robust person eight of such pills when retiring at night, and one or two of same each subsequent night, as indicated, while needed to keep the liver and stomach on time; and, if the fever does not supervene, two quinine pills, grains 2, every morning.

Persons not yet constipated I give two podophyllin comp. each night, and two quinine pills in the morning, till danger passes, dropping at times one or both podophyllin one night, or more, should result prove too positively purgative.

Under this rule I rarely have a case of malarial fever, ordinary type and have had propitious results in the prevention of pneumonia and typhoid fever, same process of caution.

In developed malarial fever I give the eight pill podophyllin comp. purge, and

℞ Acetanilid . . . . . parts 7
Sodium bicarb. . . . parts 2
Caffeine citrate . . . part 1
M. Ft tablets grains 5.

Sig:—One every hour till the fever begins to fall, then every two hours till it terminates.

This is strictly a fever remedy, I never employ when there is no fever.

When there is much debility I give 1-134 strychnine arsenate or 1-100 cactina every hour or so, as needed. A very useful auxiliary where there is congestion.

Should the fever appear again I give the tablet at once as at first, few doses being needed, as a rule, to cut the fever out, that loses force every time it cools.

Such is a specific cure for malaria, requiring short periods of treatment, with no bad consequences, although the acetanilid should not be employed alone, while it is thus amply effective against the fever, yet a perilous substance to use at random without modification named or other equivalent.

The sterilized water and podophyllin comp. are deadly weapons against malarial conditions. I am often so situated as to be unable to get boiled water at the moment, and use strong lemonade instead; and I never have the fever. I am positive that water is the medium of infection.

The strychnine arsenate is one of my favorite tonics in malarial convalescence, though medium doses of Fowler's solution with 1-100 sulph. strychnine is very good.

The freaks of malaria are sometimes phenominal. Along the Hudson, above New York, where the wealthy of that metropolis once had summer residences, malaria now often becomes epidemic, as I am reliably informed. It seems to me scientifically incomprehensible what has influenced such pernicious revolution since the halcyon, salubrious epoch of Washington Irving — peace to his immortal genius — the long-prized and never forgotton companion of my tropic solitude, the sublime chief of those who fed my hungry, expanding mind, satiated to disgust with dry, scholastic food. Irving, Byron, Shakespeare—Immortal triumvirate!—and others many who shine in degrees less brilliant—names unutterable where the devine three beam in dazzling light.

Every doctor knows how to proportion dosage for the debilitated, for children and for infants.

In this malarial problem there comes a whelming surge of saddening memories rushing upon me. Centered in the yet fresh, green grave yonder in a Louisiana hamlet, where sleeps the ever cherished friend who proved out in harmonious accord with me the correct treatment of that pestiferous disease in its multifariousness—Dr. Ben. H. Brodnax, whom it has been my lot to eulogize in current medical literature; both while living and since dead, in my humbly feeble strain of a true and deathless friendship and a towering admiration for a genius so rare as to be almost unique.

I know not how the profession generally appreciates such generous benefactors

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as Dr. Brodnax was, had he never done more than develop the magic of pure carbolic acid, such a precious boon to science and suffering humanity; but to me they are more adorable than all I ever learned from Professors and text-books, and their lessons serve me far more useful turns.

STUBBORN CASES WHICH RESIST USUAL TREATMENT AND OBSCURE CASES.

By J. A. Burnett, M. D.

There are many stubborn cases which resist usual treatment, and obscure cases that a physician hardly knows what to do.

In most all cases that can be cured by drugs, and the usual remedies fail or do not seem to take hold, an emetic of lobelia should be given.

This will arouse the vital forces and greatly assist in many cases and open up the way for other treatment.

Before giving an emetic of lobelia the circulation should be equalized by Thomson's composition or similar agents if not already equalized. Lobelia should be used in small and frequent doses until the desired effect is produced. If convenient it should be given by infusion with plenty of warm water. If too large a dose is given at once it will cause vomiting too quicki and a good systemic effect will not be proeuced.

If desired, the third preparation of lobelia can be used which is a mixture of lobelia and other drugs and is more powerful than lobelia alone. It is a remedy that will have a powerful effect on the system and if indicated much good will follow its use.

In some cases heroic treatment is needed and if little doses of mild remedies are depended on the case will be lost.

Not long ago I was called to see a boy about seven years old, after a physician had prescribed for him a day before. I gave the usual treatment and in a few hours after my visit was called again as he got no better. He was vomiting black vomit with pain in the bowels and other symptoms of locked bowels as he had about two years before. When he would vomit I could hear the wind almost clear through him. I began with calomel in 10 grain doses every few hours as his tongue was coated. I gave him calomel in large doses until the stomach was settled and then it began to act as a purgative and brought away a large quantity of horrible stuff, and he got well immediately. I blistered him over the pit of the stomach and in the back over the fourth and fifth dorsal vertebra. I am a believer in blisters. I read one article where puerperal fever could be cured by blisters. Many things can be done by blisters, and no blister can equal a fly blister. I don't use any but a fly blister. A mustard blister will not take the place of a fly blister.

In hemorrhages and various other things ergot has proved to be of great value. The great value of ergot is not known to hardly half the physicians. I think it should be used hopodermically in most all cases. I used a preparation made by Lloyd Bros. for hypodermic use. It is called Lloyd's ergot. Have been injecting it over the spleen for enlargement, and am of the opinion it will prove to be of great value for such cases as well as an antiperiodic.

I expect to use it hypodermically in all cases of malaria, when the stomach is irritated as an antiperiodic. I find it will ease pain in the spleen the first night after being injected, and it is well to tell patients this unless they have considerable confidence in you or they will think you don't know your business.

The dilatation of the sphincter muscle is of much value in many chronic conditions. I would refer the reader to my article "Dilation of the Rectum" June, 1903, Medical Summary for further information on this subject. It should not be neglected and I mention it here to call attention to its great value, as physicians are prone to overlook many good things when most needed.

The use of a normal saline solution should not be neglected in severe hemorrhages after operations, shock and various other conditions too numerous to mention. I mention it to call attention to it. All physicians who do not know its great

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value should study up on it. It is an emergency remedy and one of great value and often needed.

Dyer, Ark.

THE DOCTOR.

By C. E. Patterson, M. D.

The doctor when he graduates
Why, he thinks he's just the stuff,
A long tailed coat and stiff plug hat
And a cigarette to puff
He will strut along the toniest street
As if he owned it all
And if the truth was really known,
He's mighty near his fall.

He then will try to find a place
To practice his profession
For in his own opinion now
He should lead the procession.
At last he'll find a place, though not
Just according to his wishes,
But in the neighborhood where he alights,
He's among the biggest fishes.

Now watch him buy his stock of drugs.
And then you watch his case
He carries with him when he goes
To visit the suffering race,
A hundred drugs, if a single one,
He'll start with, that is sure,
And in his mind, as he has learned,
Every one is sure to cure.

But, oh, surprise that him awaits,
How little he'll find he knows,
And at the end of twenty years,
Then away most drugs he throws,
And uses a little bit of sense
Learned not from books or school,
And he sees at last when he knew so much,
He was only a cussed fool.

316 E. Bridge St., Grand Rapids, Mich.

EVILS OF MOUTH BREATHING.

Dr. C. P. Linhart, of Columbus, Ohio, says that many cases of chronic pharyngitis are due to mouth-breathing. Even later in life, when the bones of the mouth and nose were completely ossified, the openings of the nares could be enlarged by proper breathing exercises. The following axioms were recommended for keeping the nose in a normal condition: Cool living rooms, well ventilated sleeping rooms, cold bath, especially for the neck and spine, dry clothing, simple foods, regular habits, moderate daily exercise and breathing through the nose.

EPSUM SALTS FOR DYSENTERY.

In the treatment of dysintery Epsom salts is the prince of all remedies. It bleeds the bowels by the extraction of blood serum without the loss of other elements of blood. Relieves tenesmus and removes the debris. For several days the diet is of no consequence, the less food the better, and what is given should be fluid. Give plenty of water. Such a course will cure in the face of other methods which are failures.—*Medical Monitor.*

THE MANAGEMENT OF TYPHOID FEVER EPIDEMICS.

Dr. George A. Soper believes that after an epidemic has declared itself, nothing can do more good than to take prompt steps to determine the presence and nature of the disease. Reliance should never be placed upon clinical symptoms alone in the diagnosis of typhoid fever. When utilized to the fullest extent, the Widal test can be of the utmost value at the outbreak of an epidemic of a disease which is suspected to be typhoid fever. The number of cases of sickness should be determined: also where they are distributed and when they occurred. The collection and intelligent analysis of the vital statistics are an indispensable feature in the control of an epidemic. Special care should be taken to detect the existence of mild, unusual, and atypical cases. An epidemic is not so likely to spread from the severe cases as from the mild ones. As soon as possible, the original cause of the epidemic should be looked for and removed. Local health boards may control the purity of food supplies by regulations covering the quality of these products offered for sale. Disinfection on a large scale will generally be required in a typhoid-fever epidemic. In cases in which the bladder is infected, urotropin given in 10 gr. doses three t mes a day for a week, has been found to be effective. The State should send a representative to remain long enough at the seat of epidemic to insure the adoption of measures which will bring it under control, however long this may take.—*Medical Record.*

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Medical Progress

Under this head we endeavor to present a condensed summary of practical medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

DERIVATIVES OF DIGITALIS.

Attention has been called to this subject once more by a paper in the *British Medical Journal* of September 16, 1095, by Dr. Hardman. The author states that in his experience some specimens of digitalis are very deficient in active principal and practically inert. He also adds that digitalin, which is a term rather loosely applied to a complex substance, does not always exercise the effects which are desired. As an illustration of the lack of reliability of this product, he tells us that he recently ordered from a first-rate wholesale house a number of pills containing one-fiftieth of a grain each of digitalin. The first night he took one, the next two, the next four, and the next five; in other words, the equivalent of one-tenth of a grain of digitalin in the last dose, without any effect whatever being produced. He then proceeded to take seven in one night, and the next night ten. This last dose contained one-fifth of a grain of digitalin. The only result of a dose of ten pills was some gastric discomfort, but not the least effect on the circulation.

In view of these remarks concerning the uncertainties in digitalis therapy, it seems especially apropos to cite an opinion regarding a new digitalis derivative. This substance is known as Digalen—Digitoxinum Soluble Cloetta.

In *Therap. Monat.* Dec. 1905, Dr. R. Freund discusses various preparations of digitalis. Incidentally he strongly recommends digalen. He states that, in his experience digalen has no cumulative action, does not give rise to vomiting, and is the only derivative of digitalis which can be injected into the veins. Such an injection is painless and only needs to be repeated every twenty-four hours: its effect is evident in from two to five minutes in a rise of blood pressure of about twenty-four hours' duration. The author has employed digalen in one case of cardiac weakness after chloroform narcosis, in two of mitral insufficiency with dropsy, and in one of pleurisy complicated by cardiac weakness. The prepartion was well borne by the patients, and in each case gave good results. Dr F. finds digalen to be the most satisfactory preparation of digitalis at present in our possession.

HOW RADIUM IS OBTAINED.

That the element is obtained from pitchblende is generally known, but some details of the exact process will be of interest. According to the *Lancet*, operations for the extraction are commenced by crushing the pitchblende, and then roasting the powder with carbonate of soda. After washing, the residue is treated with dilute sulphuric acid; then the sulphates are converted into carbonates by boiling with strong carbonate of soda. The residue contains radium sulphate, which is an exceedingly insoluble salt. The soluble sulphates are washed out, and the residue is easily acted upon by hydrochloric acid, which takes out, among other things, polonium and actinium. Radium sulphate remains unattacked, associated with some barium sulphate. These sulphates are then converted into carbonates by treatment with a boiling strong solution of carbonate of soda. The carbonates of barium and radium are next dissolved in hydrochloric acid and precipitated again as sulphates by means of sulphuric acid. The sulphates are furthur purified and ultimately converted into chlorides, until about 15 pounds of barium and radium chloride are obtained by acting upon one ton of crushed pitchblende. Only a small fraction of this mixed chloride is pure radium chloride, which is finally separated from barium chloride by crystallization, the crystals from the most radio-active of the solutions being selected. In this way the crystals ultimately obtained are relatively

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pure radium chloride of a very high degree of radio-activity.—*Scientific American.*

SNEEZING THERAPEUTICALLY

There is an old Hindoo saying, that in cholera morbus if you can get your patient to sneeze he has a chance of recovery. I think that in cholera infantum if we get our little patient's skin to become suffused or red they nearly always recover. Therefore, in extreme algid cases give a good hot bath and then a hypodermic injection of atropine sulphate, gr. 1-500 (Gm. 000125) to gr. 1-250 (Gm. 00026). Infants, as a rule, bear exposure to atropine better than adults, but I have never cared to give a stronger dose than gr. 1-250, although gr. 1-50 has been injected into adults with safety. Dr. Waugh mentions the fact that he has found atropine a reliever of the incessant vomiting so often found in these cases, in doses of gr. 1-5000 to gr. 1-1500, repeated in half an hour if necessary. We may also use glonoin (nitroglycerin) in doses of gr. 1-250.

HEART POINTS.

Dr. Ellis, in the New York Medical Journal, in a paper treating of examinations of the heart by insurance examiners, reaches and tabulates the following summary:

COMMON MISTAKES.

1. Excited, nervous heart, beating against thin chest walls; diagnosticated as hypertrophy.

2. Loud systolic murmur, widely diffused over left chest and behind, and disappearing with the anemic condition; diagnosticated as mitral regurgitation.

3. A loud mitral systolic murmur clearly heard six months after typhoid fever, miscalled organic mitral regurgitation. In three months such a heart may regain its muscular strength, the dilated mitral orifice may contract to its normal size, and the leak prove to be only relative.

4. Flint's aortic regurgation heard at the apex, miscalled mitral stenosis, though the peripheral signs show the true lesion.

5. Forgetting to hunt for the aortic murmurs at the third and fourth left and second right interspace because the sounds at the apex are clear.

6. Diagnosticating a cardiorespiratory murmur heard about the apex, and the axila, and behind, as mitral regurgitation.

7. A condition where the apex beat is two inches to left of nipple line, a heaving heart, a clear first sound, an intensified second, with tense arteries, miscalled a normal heart.

8. An aortic systolic murmur diagnosticated as true aortic stenosis, when there is a strong aortic second sound, no cardiac thrill, and no low plateau pulse. It is well to remember, as has been said, that there are ten possible causes for an aortic systolic murmur, one of which is aortic stenosis.

9. The greatest mistake of all and often the real causes of most mistakes: Listening to a heart through the clothing —from a thick shirt to shirt, waistcoat and coat.

APPENDICITIS.

An editorial on the subject in a recent issue of the *Therapeutic Gazette* concludes as follows: The question of immediate operation *versus* delay in appendicitis may be answered as follows:

The physician is justified in delay until the conditions call for an immediate operation. These may be present at his first visit or may not appear till a later period. If after twenty-four hours there is no improvement, and especially if the fever increases, an immediate operation is preferable to further delay. The surgeon may be expected to perform an immediate operation upon his arrival under the above circumstances.

Soft corns are frequently helped by painting with iodine.

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THE PROPER STRENGTH OF ADRENALIN SOLUTIONS IN THE TREATMENT OF HAY FEVER

In the treatment of hay-fever with adrenalin chloride it has been suggested that weak solutions, frequently applied, are apt to yield better results than the occasional application of a strong solution. One of the pathological features of this peculiar malady is a turgescense of the turbinal tissues due to excessive dilatation of the capillaries. That this is the result of a neurosis involving a more or less pronounced local vasomotor paralysis is pretty generally conceded. Overstimulation, by reaction, is very sure to result in a complete paralysis of the vasomotor supply in the region affected. On the other hand, gentle stimulation with weak solutions is not so likely to be followed by a reaction.

These views are in harmony with the published observations of Dr. Crile, of Cleveland, Ohio, who found that in a decapitated animal the heart's action was better sustained by the continuous administration of a weak solution of adrenalin chloride. Furthermore, this is probably nature's method of supplying this vital principle to the healthy human body through the agency of the suprarenal gland, its constant presence in the blood in minute amount being sufficient to maintain vasomotor equilibrium.

URINALYSIS IN INFANTS.

Warfield, in the St. Louis Courier of Medicine, says that the importance of examining babies' urine in cases with high irregular fever cannot be too strongly emphasized. It is not difficult to obtain specimens of urine from babies. Girl babies can be catheterized. A very simple method of obtaining urine from boy babies is to use a revolving ink-well, the smallest size. This has a wide mouth, a neck placed at right angle to the body which is deep and so made that fluid does not readily spill out through the constricted portion of the neck where it joins the body. By fastening such a vessel upside down in the napkin so that the penis is in the bell-shaped neck of the vessel, the movements of the baby will not dislodge the vessel and once the urine is in the vessel there is small chance of its being spilled.—Med. Standard.

DISINFECTANTS COMPARED.

We quote from Johns Hopkins Hospital Report, Vol. No. 8, the following comparison of disinfectants as a result of actual laboratory experiment:

"Milk of Lime hardly deserves the name of a disinfectant. Carbolic acid is of use only in large amounts and in strong solutions if a speedy result is wished. Formalin (Formaldehyde in solution) is hardly serviceable on account of its cost, but is nevertheless an efficient disinfectant. Bichloride of mercury, chlorinated lime and liquid chlorides are of value, are rapid in their action, and are efficient in comparatively dilute solutions."

RHUS TOXICODENDRON IN ECZEMA.

Dr. E. S. McKee, of Cincinnatti, in his personal experience found the remedy par excellence to be a saturates solution of the lead acetate in the dilute alcohol of the U. S. P. The full strength of the alcohol burns too much. The poison according to Pfaff (Journal of Experimental Med.) is an alcohol soluble fat resembling croton oil. Persons exposed should wash the parts immediately in the dilute alcohol, the only way to thoroughly remove the poison.—Jour. A. M. A.

TREATMENT OF DYSENTERY.

The *Eclectic Medical Review* states that in the treatment of dysentery Dr. Cooper's prescriptions should not be neglected. They are as follows:

℞ Aconite, ... gtt v
Ipecac, ... gtt x
Water, ... ℥iv

Teaspoonful every hour, except the third, when the following triturated powder should be substituted:

℞ Magnesium sulphate, . . gr. vi
Bismuth subnitrate, . . gr. x

These are adult doses and should be varied in quantity according to age.

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THE CURE OF CORNS ON THE SOLE THE FOOT.

Dr. Ellis, in the British *Medical Journal* says that if the patient will give the toes free play by adopting boots and socks having a straight inside line, avoid the conventional eversion of the foot, acquire the habit of pressing the toes against the ground in every step, the callosites will disappear. They are due to defective function of the toes. Removal may, of course, be hastened by the use of solvents such as a mixture of salicylate acid and collodion.

Another correspondent states that he should like, very briefly, to call attention to a method of treatment which he has practiced for some time past, namely, the free and eomplete excision of the corn. Having removed by this method a very considerable number of these growths, many of which were inveterate and had been subjected to all sorts of treatment, he can confidently recommend it as efficient. The operation can be rendered perfectly painless by local anesthesia; the wound, if the edges can be approximated, heals by primary union in about five days. The relief from pain is immediate and complete, and the cure is permanent.

Still another correspondent writes that he has found that corns on the sole of the foot rarely resist the following treatment: A piece of salicylic and creosote plaster muslin, as suggested by Unna, is cut rather larger than the corn and applied to it. This is removed each or every alternate day. As much of the corn as is then removable is ground off with pumice stone, and another piece of plaster muslin applied, and so on until the part is normal. He uses the muslin plaster containing acid salicylic 20 per cent., creosote 40 per cent., and has found that it is more comfortable to wear if it is "backed" with one or two thickness of ordinary plaster. Of course, a properly fitting boot with a sufficiently thick sole is a *sine qua non*.

Another writer suggests that the best relief he found was to take a piece of moderately thick leather, circular, about two inches in diameter, cut a small hole—size of corn—in the middle. There is no need of fastening the leather to the foot; he found it retained its position on coaxing it in place after putting on the sock.

Finally, the following treatment is suggested:

Soak a piece of lint of cotton-wool the size of the corn with ½ acetic acid (forming in fact a compact), to be well covered with a piece of guttapercha sheeting; bandage lightly. Do this for three consecutive nights.

TREATMENT OF ACUTE GOUT

Dr. T. E. Satterthwaite says that the inflamed part should be elevated and protected against weight of bed clothes by a cradle. Lead and opium wash made a good local application, applied on absorbent cotton, covered with oil silk, and renewed every few hours. Or a saturated solution of bicarbonate of soda. Or,

℞ Guaiacol,
Ol. of wintergreen . aa ʒ ss
Olive oil . . ʒ i?

M. Sig.

A more elegant mixture he believed to be:

℞ Menthol . . ʒj
Alcohol . . ʒ iv
Glycerin . . ʒj
Cherry-laurel water . ʒj

M. Sig.

During this stage the patient may be placed in a tub at 98 to 100 degrees F., kept there for fiifteen minutes, then douched with water at 102 degrees F. for another fifteen minutes. Afterward the flabby parts are massaged while the inflamed parts are untouched. This was followed by a mercurial purge and later a saline cathartic. The salicylates of lithia, or colchicum, or the iodide of potassium or sodium were used until the subacute stage had been reached, when they were abandoned for dietetics, hygienic and balneo-therapeutic measures.

As soon as possible the wine of colchicum should be given in from fifteen to thirty miims every four hours, alternating with salicylic acid, or the salicylate of

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sodium, at intervals of four hours. The administration of colchicum should be carefully watched and its dose lessened as soon as possible, because of the disturbance of the gastro-intestinal tract which follows large dosage or prolonged use of it. He gave colchicum combined with nitroglycerin, which dilated the blood-vessels, while it acted as a cardiac stimulant. If the salicylates were not well borne he gave citrate of potassium in 40 to 60-grain doses every four hours. One should lose no time in giving a mercurial purge; it relieved portal congestion and tended to eliminate the purin bodies. Following the mercurial purge a chologogue should be effective, and his favorite was:

℞ Resin podophyllin . . . gr. ss
Ext. colocynth . . . . gr. j
Ext. hyoscyami . . . . . gr. j
Ext. nucis vomicae . . gr. ⅛

M. et ft. pil. No. 1. Sig. One at night, if necessary.

For drinking purposes he used the waters containing carbonate of soda, of lime, of potash and lithia. During this stage the diet should be such as to meet in the fullest manner the dangers of faully metabolism, while the kidneys should be guarded from irritating substances. With the exception of toast and butter, the diet should be a liquid one. When the subacute stage was reached a soft-boiled egg and a weak meat or vegetable broth may be allowed.—Med. Record.

FOR WHOOPING COUGH.

Dr. G. W. Webster, Chicago, Ill., who regrets that his multifarious public and private duties prevent him from making a detailed contribution to this discussion, takes time to send a prescription which he has found to be very efficacious in the treatment of whooping-cough, which he hopes may prove of service to some of the constituents of the Round Table.

The prescription is as follows:

℞ Resorcin . . . . . gr. xv
Quinia tannate . . . . . gr. x
Pulv. acacia . . . . . ʒj

M. Make impalpable powder and use by means of an insufflator, blowing it in at the nose freely every four hours.—Med. Standard.

MEDICAL CHIPS OF PRACTICAL VALUE.

For Enuresis, Epididymitis and Gonorrhea:—Pichi acts well in enuresis, nocturna, epididymitis and gonorrhea. Dr. Shoemaker, of Philadelphia, prefers the fluid extract and uses the following formula:

℞ Fld. ext. faviana . . . . ʒj
Tinct. belladonna . . . .m xij
Aqua cinnamoni . . . . ʒiij

M. Sig: One teaspoonful morning and night.

Burns:—The following is a very handy, and at the same time, serviceable application for burns: Mix twenty drops of carbolic acid with four ounces of castor oil and stir in the whites of two eggs. Mix thoroughly and apply on a soft cloth to the burn.

For Cough and Night Sweats in Phthisis:—Dr. J. Paul Harvill, of Nashville, Tenn., reports excellent results in the treatment of cough and night sweats, as well as the gastric derangements of phthisis, from the following solution:

℞ Tinct. iodine . . . . . ʒss
Phosphoric acid dil. . . ʒiiiss
Glycerin . . . . . q. s. ʒiv

M. Sig: One teaspoonful twenty minutes after each meal.

Heat relieves the pain of inflammation, but increases that of suppuration.

Strangulated hernia may be often reduced by simply applying a poultice made from leaf tobacco.

Copper arsenite is a good remedy in chronic diarrhea of children. It is best given in tablet form; dose 1-200 of a grain every four hours.

For flatulence, diarrhea, catarrh of the bowels, sulphocarbolate of zinc may be given in doses of one to two grains every four hours; also in typhoid fever.

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Notes and Queries.

FOR this department we cordially invite questions, comments and criticisms on all topics of interest to the physician in his daily work for the relief of the sick, thus making the Summary a valuable medium for intercommunication between the medical profession.

Correspondents will give their names and addresses, but initials only will be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

SUMMER DISEASES IN CHILDREN.

(Continued)

Editor Medical Summary:

I have spoken of eczema as a common malady in children, and it must not be confounded with herpes, which is also one often encountered. This usually comes on the hands, especially between the fingers and on the lips. Any emollient dusting-powder is good for this trouble, but now and then we may have to use some unguent, such as oxide of zine with calamine or a little lead. Simple erythema is common in babies, and it generally comes from dirty diapers—those not washed always between using. Cleanliness and bland powders are indicated here. Use good soap—that without rosin or clays, such as Ivory or Castile. Thigenol is by far the best agent here, or in any dermic affection.

Quite young children now and then have chills, either the common intermittent, or those from stomach disorder; don't give quinine here, arsenic does better always. I have found a tea of ordinary cornstalks with the so-called "silk" and the husks from the cobs to be very efficacious. Maybe the silk and husks will do without the stalks, which are mostly cellulose. Small doses of nickel bromide are useful here, too. In nervousness I like an assayed fluid extract of cannabis indica, Squibb's or Merck's is preferable as being always uniformly standardized.

Rheumatism is very common with quite young children, and too frequently is thought to be the so-called "growing pains." There is no such thing as this; it is either rheumatism or cold affecting muscles, a sort of myalgia, and should be treated with precisely the same agents as in grown persons, but in suitably reduced doses, of course. I like stillingia or sarsaparilla and phytolacca, with or without a little acetic colchicum. A liniment such as camphorated oil or one home-made with tr. camphor, liquid ammonia, turpentine and sometimes ordinary coal-oil, equal portions, makes a fine one, which should be well rubbed into the parts night and morning, keeping the child in a warm room whilst doing this. The common stiff neck is simply an evidence of rheumatism and will give way to the above means. Electricity in some form does more good in rheumatism and muscular pains than any other remedy, galvanism is, of course, preferable.

Look out for heat exhaustion in small children; it comes on just as well in the house as in the sun, more so, frequently. For this and for prophylaxis, keep all unnecessary clothing off the child; let it go naked. Bathe at once with ice cold water if signs set in of depression. Don't use any of the aniline febrifuges; they are deadly here, mostly so any time in anything, even in cold weather. The best fever mixture always is aconite in suitable dose. I mean, of course, not in heat depression. There we want stimulus after getting the child cool. Read the SUMMARY for hints about summer troubles; many good ideas are always found therein. Raspberry vinegar diluted with ice water is a fine drink for the children; don't give them slop called root beer, it ferments in the stomach and induces diarrhea.

W. R. D. BLACKWOOD, M. D.
852 N. 23d St., Phila.

Pain in the stomach, following the ingestion of food, may be due to indigestion, ulcer or cancer.

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A FEW PRACTICAL BEDSIDE MEMORANDA.

Editor Medical Summary;

I have been a martyr to the bites of chigoes and mosquitoes, and find relief by using the following for the pesky little parasites:

Irritate the spot with a flesh brush, and use chemically pure muriatic acid. Two applications will kill him in his burrow, well "scratched" in, and not make the point sore. Citrine ointment, placed on a little cotton, and a piece of rubber adhesive over night will kill him. Nitrate of silver, ninety grains to ounce, on the end of a tooth pick, applied to the center of the lump, will give him the *Coup de Grace.*

For mosquitoes I use the following, and for knats, flies, or any other bite it will prove very valuable: Gum camphor one dram, ol. petrolat. q. s. to dissolve the camphor; drop for grain will do it, and then add one ounce of citronelle, and you will find it very effective and positive. The camphor makes a precipitate on the skin and the coal oil is masked off, the disagreeable smell and they hate the oil of citronelle. So my sporting friends, fishermen and hunters, take heed, and remember a good thing.

Last summer, before the hay-fever season began, I had marked success with the following treatment, and relieved many and made life tolerable, and some of my patients will stay home and be quite comfortable.

I divulse to a point of tolerance, the arch of palate, twice a week. Use an instrument like Ellinger's dilator, but with a wider range of expanse. Use a little cocain hydrochlorate or cocain 4% solution. Use the electric knife or curette, the naso-pharyngeal space, if needed, and use the following in a Birmingham douche twice a day, and it exsanguinates the tracts and renders them aseptic and moist and kills germs.

I do not intend to go into pathological background, or physiological action of remedies employed, as we have too many wise men and scoffers, but let us kill bugs and saw wood, while the smart ones theorize we will rake in the coin. By intelligent dilatation you break up reflexes and you can prad two straight sounds and do your work. Makes the throat a little sore, who cares? Hot water sipped will soon allay all irritation and after his first operation — you cannot drive them off. The arch is a semilunar sphincter — and in all such cases it is contracted. The Lord knows you stretch the sphincter anus—enough. Use in the douche, warm, —twice a day and flood the tract and posterior pharynx with the following:

℞ Magnesia sulph. . . ℥ij
Quinine bisulphate . ℈j
Aqua dist. . . q. s. ℥vj
M. Ft. Use twice a day.

This makes a clear mixture and is perfectly soluble without acids, and makes a tri sulphate. At night I have them snuff back the following unguent, and not blow the hose afterwards and it is a fine antiseptic for mucous membranes:

℞. Hydrang. oxid. flav. . . gr. iij
Boracic acid . . . ℥j
Eucalypt-l . . gtt j
Lanolin . . . q. s. ℥j
M. Sig. Use at late bedtime.

And give the following internally:

℞. Chlorid aurii et. sdoae . gr v
Guiacol. carb. . . gr xc
Dispense capsules No. xxx
Sig. One 10 a. m., 4. p. m. and 8 p. m.

Gold and soda is a gentle dilequescent salt, and cannot be given with the cinchona group as they detannate and render it inert. Can be employed with the gentian and hydrastis compounds. The elixir of the iodido - bromide of calcium comp. (Tilden's) in dram doses, four times a day, should not be ignored if there is much of a rheumatic tendency, and any of the chalybeates would not interfere with treatment.

I think I have opened a new trail and shall pursue my investigation on these lines, that seem to me rational, this summer, and would be glad to hear from those that adopt this line of treatment.

C. V. Banes, M. D.
Saint Joseph, Mo.

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ADULTERATED FOOD PRODUCTS.

Editor Medical Summary:

A chemist who has made a study of candy, does not approve of giving it to children. He says: That it takes away appetite, and increases the heat of the body. Like all hydrocarbons, it does not contain any nutrition, and is often adulterated. Clay, glucose, whiting and paraffin, are added, to increase its bulk.

Near New York city, there is a plant where ground marble (carbonate of lime) is made, it is used to adulterate sugar. In many of the sugar coated pills, *terra alba* and pipe clay, are substituted for the coating, after a time this grows hard and resists the acids of digestion, passing through the alimentary canal, the pills are eliminated unchanged. The same objection can be made, of gelatine coated pills.

Sugar and many other food, products are sophisticated. Bread being made from low grades of flour and alum.

Cotton-seed oil is used, as a substitute for lard. Sulphuric acid is added to vinegar and glycerin to meat juice and extract. Fortunately, however, we know so little about our food, if we knew more we could eat nothing. Our food, medicine and clothing, are tampered with by the grasping manufacturers, but it would require much money to have them properly inspected, and inspectors can be and are often bribed.

L. G. DOANE, M. D.

New York City.

HOW I CURE SICK KIDNEYS.

Eaitor Medical Summary:

Richard Bright, M. D., who was born in Bristol, England, Sept. 28th, 1789, little dreamed that his name would be imperishably associated with a disease which has baffled the skill of the brightest lights in the profession of medicine. Tons of literature have been written on Bright's and other diseases of the kidneys, describing in detail the urine and its organic and inorganic constituents, such as urea, uric acid, urates, hippuric acid, kreatinin, pigments, etc., which undergo chemical and metebolic changes in various ways to produce disease as Bright's, uremia, congestion, slerosis, hematuria, hemoglobinuria, amyolid degeneration, pyelitis, pyelonephritis, renal calculi, dropsy cancer, hydatid cysts, perinephritis, and a thousand and one symptoms that follow; but thus far have failed to give us a satisfactory treatment for Bright's and diabetes; and as the kidneys are charged with so much suffering, sorrow and death, I propose to make known a successful and satisfactory treatment for the diseases usually diagnosed as kidney and bladder troubles, which will enable physicians to make a favorable prognosis in most of their cases.

It is necessary at this point to mention some of the many symptoms of Bright's disease which point clearly and almost unmistakably to the presence of the disease, such as dull headache, leccentric appetite, loss of strength and flesh, gradual loss of memory and eyesight, blurred vision, husky voice, deep, seated pain and weakness in the back, red, brown or dingy urine, drowsiness or a sleepy condition, and as the disease advances, a smothering sensation, difficultiy of breathing, dropsical puffiness, nausea and vomiting, pains in limbs and loins, often mistaken for rheumatism, irregularity of bowels, skin harsh and dry, waxy in appearance, some times a browinsh yellow and muddy hue.

Bright's disease is one of the most insidious foes the human body is liable to suffer from, for oftimes persons have suddenly died who were not aware of the fact that they had the disease, and again, it has been years in developing unobserved by the patient. Microscopical and chemical examination of the urine and blood are the only reliable means of diagnosis and should be often repeated.

Albumin is often found in the urine without the existence of Bright's, and without the microscope, it is next to impossible to differentiate between Bright's and other diseases of the kidneys. Inprovelent urine, and that centaining blood, albrumin may be found

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tests, but in smaller quantities than in Bright's. Albumin, with disintegrated epithelia, hyaline and large granular casts, as well as waxy casts, are peculiar to and characteristic of this disease.

"The Urine in Disease," in the Tri-State *Medical Journal*, by Formad, is deserving of a place here, which reads as follows:

1st. Sediment in the urine has no significance unless deposited in 24 hours. (2) Albumin in the urine does not indicate kidney disease unless accompanied by tube-casts, the most fatal form of Bright's disease—contracted kidney—has little or no albumin. (3) Every white crystal in urine, regardless of shape, is a phosphate, except the oxulate of line crystal, which has its own peculiar form —urine alkaline. (4) Every yellow crystal is uric acid if the urine is acid or a urate if urine is alkaline. (5) Mucous casts, pus and epithelium signify disease of the bladder (cystitis) or other parts of the urinary tract, as determined by variety of epithelium. (6) The urine from females can often be differentiated from the urine of males by finding in it the the tesselated epithelium of the vagina.

This now brings me to the point of treatment suited and adopted to most all forms of kidney and bladder troubles, which only needs a trial test in your hands to convince the most skeptical of its power to save life by preventing and curing most of the maladies above enumerated.

It is a regular "shotgun" prescription, but if you have had as much success in your line of work in treating disease of the kidneys and bladder as I have with the treatment I shall herein name, you, too, would lose sight of polypharmacy and give that which hits the bull's-eye, be it a single bullet or a handful of shot. We all know that the digestive organs in acid and alkaline media have the power to disassociate such a compound and appropriate the medicaments of each ingredient separately, thus delaying absorption and allowing one or more to work at a time in the different media.

℞ Horse radish, ... ℥x
Daucus carota (carrot) . . ℥x
Lignum vitae chips, . . . ℥v
Sugar cane seed (sorghum) . ℥x
Saw palmetto berries . . ℥viiss
Sourwood leaves, ... ℥v
Green corn silk, ... ℥x

Mix, grind fine together, put into a percolator and extract with strong grain alcohol until on evaporating a small portion of the extract there is no residue left. Put into a still and take off into a soft extract, which is to mix with milk sugar, q. s., then add the following salts, dry at a low temperature, and make into five thousand tablets, viz.:

℞ Benzoate of lithia . . . . ℥x
Lactate of strontium . . . ℥x
Potass, bitartiate . . . . ℥x
Sodium nitrite . . . . .℥i¼
Pilocarpine nitrate . . . gr xl
Arbutin, ... gr 250

Mix. Dose, two to four tablets 2 to 4 times a day and a glass of water to wash them down.

These tablets are indicated in rheumatism, lumbago, irritable bladder, incontinence of urine and dribbling in the aged, enlarged prostate, gravel in ducts, in all uric acid conditions; also albuminuria, diabetes and the ever-constantly recurring headaches, etc.

In cases of frequent urination of a burning nature, accompanied with pain in simple urethritis or of gonorrhreal origin, they stand unrivaled. Suppression of the urine during and after pregnancy yields quickly to them. They cause large evacuations of urine in dropsy and promote the absorption of the effusion. By increasing the flow of urine it causes elimination of morbid particles of the body, favors the washing out and solution of gravel stones from the kidneys and bladder, and relieves the irritation incident to displacement and chronic womb troubles. Sterility, caused by obstructive uterine inflammation, and super-acidity of the vaginal secretions is quickly remedied and in many instances overcome to the joy of the childless wife. It is of paramount value in incontinence of children and the aged, when due to vesical irritation and suppression of urine, especially in fevers

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and inflammatory diseases. They quickly reduce the quantity of uric acid in the blood, favors the excretion of acid ammonium water (such as form gravel, calculi, etc.), and of acid sodium urate (brickdust sediment), and prevents urinary stasis and decomposition.

These tablets, you will observe, have a wide range of action and will prove a valuable addendum to the physician's armamentarium. To make this treatment a success it is important that the bowels be kept in a semi-lax condition. The deleterious waste from structural changes must be eliminated in order to prevent cell poison and autoinfection. The sewers of the body must be kept open and clean, the blood filtered and the functional activity of the glandular organs concerned in digestion and food appropriation increased if we expect to cure Bright's and diabetes.

Prof. Gilbert says:—"Appendicitis, hepatic cystitis and gall stones are the work of germs normally found in the intestines." Prof. Metchnikoff, of the Pasteur Institute, declares that "old age and early decay are due to intestinal flora (the microbe of putrefaction), and to escape microbic poisons the microbes should be eliminated from the intestinal tract in order to lengthen out of the span of life."

I am giving the best of my 35 years' active experience and close observation in practice to the medical world through medical journals.

The following are some of the articles I have written:

In the March issue of *The Therapeutic Record*.

"How to Prolong Life to Extreme Age."

The Wisconsin *Medical Recorder*: "A Cure For Syphilis, Scrofula and other Diseases of the Blood, Skin, Bones and Glands."

The Therapeutic Record for May: "A Specific Lozenge for the Unconquerable Cough of Consumptives and Asthematics."

Another, now in course of preparation:

"How I Cure Pulmonary Tuberculosis in All Stages of the Disease with Medicaments."

J. ZACHARY TAYLOR, M. D.

545 N. Carey St., Baltimore, Md.

A CASE OF NYMPHOMANIA.

Editor Medical Summary:

"If thy right eye offend thee pluck it out."

In looking over a medical journal lately I read a letter from a physician to the editor, asking his advice about the treatment of a case of nymphomania. The editor advised him to amputate the clitoris. I suppose he believed in following out the old Mosaic law, "If thy right eye offend thee pluck it out."

Robert Burns, speaking of woman, said:

"He tried His prentic hand on man,
And then He made the woman."

She was the masterpiece of a master workman, and yet in this twentieth century, with all our boasted medical progress, our high standard of medical knowledge, iron-clad medical laws, "horse serum" to cure about all our ills, we cannot offer any remedy for nymphomania, but just acknowledge our ignorance of a cure and proceed to mutilate one of the noblest works of the Creator.

Dr. Abernathy, the noted English physician, said: "It is owing to our ignorance that instruments or a surgical operation are ever necessary."

That there is a cure for nymphomania I will prove by the following two cases, that are two of several I have treated successfully in my professional life:

I was called to a distant State to see a married lady. She was of a peculiar, fine nervous organization, a good subject for nymphomania; the "wild expression" of the eyes first attracted my attention. Her husband gave me a statement of the case, that just before her monthly periods she was apt to have what he called "one of her spells." Wherever she was she would grab anything her hands could get hold of and begin to throw things at him Then followed all the symptoms of nymphomania. Though a strong, robust man he could not begin to satisfy her wild passion and her crying and pleading for relief was kept up until some powerful narcotic was given to quiet her. As I sat in the room talking to her, by her words and her actions there was no mis-

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condition. Several physicians had tried their skill but failed to do her any good. I gave her specific tinct. senecio aureus, specific tr. gelsemium, fifteen drops of the former to ten drops of the latter at one dose, repeated the dose in half an hour, then once an hour until she got quieted down. Between her monthly periods I gave her fld. ext. salix nigra (black willow), 20 drops three times a day, the first medicine to be given at the first symptoms of the nymphomania and to be given as directed above; also a teaspoonful sodium phosphate in a glass of water night and morning. I also used a uterine wafer every other night. The above treatment was followed out as per directions and made a cure of the case very much to the satisfaction of the husband.

Another case of a young girl who had practiced self-abuse until her nervous system was all unstrung, and nymphomania was fully developed. No man was allowed in the room with her, for it seemed to arouse all her passion. Her relatives had about decided to send her to the insane asylum, but a friend persuaded them to send for me. I put her under the treatment of the former case and in a few weeks I had conquered the diseased condition. Later on she married a strong, healthy man and never showed any symptoms of her former trouble.

ELI G. JONES. M. D.
New Brunswick, N. J.

UNFAVORABLE SYMPTOMS.

Editor Medical Summary:

It is not the simplest matter in the world to foretell the time of an approaching death. I remember that a physician, and a good one too, and I delivered an opinion that an old lady would only live a few days and she lived two whole years thereafter.

To make a prognosis in cases of this kind requires some experience and knowledge of the unfavorable symptoms of the disease, and we think that to study these for a few minutes would be profitable.

A close study of the general aspect of the patient will give us much information along this line.

If the patient constantly changes his position, although this may be unimportant in the beginning of an illness, yet if persisted in it gives occasion for grave apprehensions.

Continuing to lie in the same position, as upon the back, in low forms of disease is a very bad symptom. Inability to lie down is equally bad.

A patient having been previously quiet, in the latter stage of an acute disorder, begins and persists in tossing about, is exhibiting a mortal sign, especially if he attempts to throw aside his bed clothes or makes ineffectual efforts to arise.

Progressive emaciation in acute affections is of little consequence, but in chronic disorders we anticipate a fatal termination. An old doctor whom I once called into consultation, said your patient will never get well, he is too emaciated. While I did not know it at that time, it was this thought that was in his mind.

General edema is of extremely bad augury. The occurrence of sloughs, both in acute or chronic disease, is a very bad sign.

Study the physiognomy of your patient. When the natural expression is preserved, it is of favorable import. Great alteration in the features in the commencement of an acute disease should make us look out for low symptoms about the fifth or ninth day.

In the advanced stages of all diseases, a sudden and great alteration in the physiognomy means approaching dissolution. It generally announces death in less than three days.

Subsultus, trembling and rigidity mark danger. Carphologia, epileptic and tetanic convulsions, rigidity of the limbs are mortal signs in advanced stages of fever.

Choniel once said, "the automatic movement by which the patient seeks to approach his hand to his body while the physician is feeling his pulse, is an invariably fatal symptom.

Loss of voice is a bad sign in acute disorders.

The intensity of pain does not indicate its danger, other things being equal deep seated pain is the more unfavorable, and

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that which is fixed more so than that which is variable.

Sudden cessation of pain in inflammation together with great alteration of features means approaching death.

Deafness occurring in acute diseases is always serious. It was once thought to be a bad sign in typhoid fever.

Hope and cheerfulness are good signs. Distrust and despair are very unfavorable symptoms. Patients who think they will die rarely recover. Indifference is a bad sign.

Mild delirium is not serious; permanent always is. Prolonged sleep in fevers is not dangerous if the patient be easily aroused. Coma is alarming and nearly always mortal when deep and permanent.

The sudden occurrence of hunger announces speedy death.

Dysphagia is generally a mortal symptom in cerebral and acute disorders.

A humid respiration indicates great danger; when numbering 50 to the minute it may be generally stated that death will soon follow.

Thacheal rattle (death rattle) and sterterous breathing usually forerun death.

Hiccough is a very unfavorable symptom in the latter stages of disease.

A pulse of moderate frequency and force is favorable. A pulse of 150 in an adult is of very unfavorable prognosis. If in advanced stages of a disease the pulse becomes irregular or intermittent or ceases, death is near.

Increase of the heat of the body is of bad import. Sudden chilliness of the extremities and the rest of the body occurs usually a short time previous to dissolution.

Abundance of sweating towards the close of a disease is a favorable sign. Cold sweats are unfavorable. The strength of the patient has much to do with the prognosis.

M. G. Price, A. M., M. D.
Mosheim, Tenn.

Constant and severe pain in the chest, no matter what position, may mean deep seated trouble of some of the contained organs.

IS HONOR AMONG MEDICAL MEN WANING AND MERCENARY PROPENSITIES TAKING ITS PLACE?

Editor Medical Summary:

When I graduated, a quarter of a century ago, the tutelage students underwent, trained them properly for an honorable profession. Students were educated to believe that honesty and honor were qualities inseparable with the multitudinous duties of a physician. Medical ethics taught us to deal honestly and honorable with our professional conferers. Having imbibed these principles and practiced them all my life, it is not strange that I have extended to the younger generation of physicians that degree of confidence in their probity and integrity, which I was lead to believe was a necessary atribute to the successful physician. I am arriving at the conclusion, however, by virtue of several experiences, that many of the graduating physicians now a days have partaken of the spirit of graft and dishonesty, so universally rampant among business men of all grades in this country.

About four years ago I engaged a young man, who was highly recommended to me, who had taught school about ten years before graduating in medicine, to look after my business while I attended post graduate courses. He was a very piously inclined young fellow, immediately took charge of a class of forty Sunday School children, strictly temperate and in fact possessed all the apparent qualities, suggestive of a square, honest, young man. It is needless to say that he enlisted my spmpathy and loyal support, because he immediately confessed to me his paucity of funds. I generously gave him $25.00 and started him out on a career of prosperity. Now, the fact is, this fellow, after I had treated him kinder than did his own brother, collected and retained a number of personal bills and sold to me a number of "padded" bills, in other words fake accounts. Not only did he do this, but tried during my absence to injure me professionally, with the hope he might profit thereby. I was not only chagrined by these revelation but sorely disappointed. Experience

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one's confidence in human nature.

Upon another occasion I helped a young doctor into business, did all I could for him, sustained him while others were trying to have him indicted for practicing medicine before having obtained the necessary State license and held him up financially. That fellow not only collected bills and pocketed same, but retained about $170.00, part of the proceeds of one month's collection, and believed what he did was justifiable according to American standards of doing business. I think it about time our American journals began preaching honesty and honor among medical men. The time-honored virtues of the old regime has been rejected or repudiated by many of the younger members of the medical profession. An awakening is needed, for it is drifting into ignoble, sordid selfishness, with mercenary aims as its foundations.

J. H. LOWREY, M. D.

Neola, Iowa.

IMPORTANT ITEMS.

Editor Medical Summary:

In a hot climate like this many patients are bothered with sick stomach and vomiting, which is occasionally hard to control. Calomel is the remedy most often used. It will generally relieve, but does not always do it; occasionally it relieves vomiting, but does not relieve the nausea.

Bismuth subnitrate is a very good remedy in ordinary cases of nausea and vomiting. I have seen cases so bad that they would vomit anything the very second it was swallowed. Recently I wrote Dr. A. D. Swink and asked him what he did for such cases and found that he considered hydrate of magnesia (milk of magnesia) a good routine remedy. He also uses the following:

℞ Sulphate magnesia . . . . ℥j
Essence peppermint . . m x
Aqua . . . . . ℥iij

M. Sig. Give a dram every 3 to 30 minutes.

He also used:

℞ Sulphate magnesia . . . . ℥j
Water . . . . . ℥iv
Tartaric acid . . . . . gr. xx

Mix and drop in one dram of sodium bicarbonate and drink while effervescing.

After this give 10 drops syrup juglans every 15 minutes for a while, then one dram every three hours until effect, then give:

℞ Syrup juglans . . . . . ℥j
Neutralizing cordial . . . ℥iij

M. Sig. One dram every two hours.

Dr. Waugh's anodyne for infants is the best thing that Dr. Swink has found for sick stomachs for infants, he said.

Dr. C. Marius Lewis, of Bridgeport, Ill., says: "Vomiting, ordinarily, I relieve most cases with bismuth subnitrate and acetanilid, equal parts, 3 to 5 grains in a little water, repeated doses until relieved."

Dr. Lewis considers salicin indicated in enlargement of the spleen from malarial origin. He gives it in No. 2 capsules three to five times a day.

Double sulphide is a non-secret remedy which can be made by any one. It is a substitute for calcium sulphide; that is, the double sulphide will do anything that calcium sulphide will do. Full directions for making double sulphide can be found in the "New Field," by Dr. W. H. Burgess.

Double sulphide is much cheaper than calcium sulphide. If double sulphide will do half what is claimed for it, it is a very valuable remedy.

In cases of fever where the secretions are dry a combination of lobelia, hydrastis and xanthoxylum can be used with good results. It can be used in powder form. One physician uses this compound through typhoid fever.

The following is recommended as a stimulating liniment:

℞ Spirits camphor . . . . ℥ij
Oil origanum . . . . . ℥ij
Oil sassafras . . . . . ℥ij
Oil turpentine . . . . . ℥ss

This is to be rubbed on with the hands.

A solution of silver nitrate, 30 to 60 grains to the ounce of water, makes the best preparation that I have ever used for sores of most all sorts. It is good for stings and bites and various other conditions.

JOHN ALBERT BURNETT, M. D.

Dean Spring, Ark.

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Favorite Prescriptions.

WE invite practitioners to send us, for this page, one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulas plainly written on postal card is a convenient way for sending. Always give them in this order, please. 1. Name of disease. 2. The formula and directions. 3. Your name, town and state.

Reader, let us hear from you in time for the next issue of the Summary.

Do not forget to send your favorite prescriptions, such as you have tested and found trustw....y. It is our wish that the reader take a special interest in this department of the Summary:

FOR HEMORRHOIDS.

Editor Medical Summary:

The following prescription has proved exceptionally useful in my hands and trust some of the SUMMARY readers will find it at least worthy of trial:

℞ Gallic acid . . . . . gr. x
Ext. belladonna . . . . gr. v
Ext. opii . . . . . gr. iv
Simple ointment . . . . ℥ ss

M. Sig. Apply locally, morning and night. If bowels move between these periods annoint them also.

A few patients will complain that this prescription causes smarting. Where this is the case, have them touch the piles with a two to four per cent. solution of cocaine before applying the ointment, or it can be combined in the prescription.

C. W. CANAN, M. D., B. S.
Orkney Springs, Va.

FOR GONORRHEA—EXCELLENT.

Editor Medical Summary:

For acute gonorrhea I have success with the following treatment:

When the patient is first seen I direct him as to his habits, diet, etc.. and give him

℞ Argentii nitratis . . 4 % vel. 2 %
Aquae . . . . . q. s. ad. ℥i

M. Sig. Inject 1 or 2 drams for two or three days and stop.

This often aborts, as the germs have not penetrated the outer cells. If it has not been aborted, I then use

℞ Protargol . . . . . ½ %
Glycerin . . . . . .1 %
Aqua . . . . . q. s.

M. Sig. Use as injection and gradually increase the strength.

Daily irrigations of potassium permanganate 1-2000 and increased to 1-1000 until urine is clear, or the discharge has ceased.

In connection with these I give

℞ Methylene blue . . . . gr. ij
Ol. santali . . . . . gr. iij
Ol. copaibae . . . . . gr. iij
Ol. cinnamoni . . . . . gr. j

M. et ft. Caps. No. 1. Sig. One 3 times per day.

When the urine has cleared I give an astringent injection.

℞ Zinc sulph. . . . . gr. xvi
Plumbi acetat. . . . . ℥ss
Tr. opii . . . . . ℥ss
Fld. ext. krameriae . . . ℥ss
Aqua . . . . . q. s. ad. ℥vi

M. Sig. Inject 2 to 4 times a day after urinating. Add syringe full of water every time one is removed and use this for a week after discharge stops.

J. A. POIRIER, M. D.
Forest Lake, Minn.

TO CONTROL SEXUAL EXCITEMENT IN GONORRHEA.

Editor Medical Summary:

The following will control sexual excitement in gonorrhea:

℞ Fld. ext. salix nigra . . . ℥ij
Fld. ext. gelsemium . . . ℥iss
Fld. ext. cimicifuga . . . ℥iv
Simple syrup . . q. s. ad. ℥iv

M. Sig. One dram every two hours in water.

J. A. BURNETT, M. D.
Dean Spring, Ark.

TO ABORT A COLD

Editor Medical Summary:

The following will be found to be of value to abort a cold:

℞ Sodium salicylate . . . . ℥ij
Aromatic spts. ammonium . ℥j
Syrup orange . . . . . ℥ij

M. Sig. One teaspoonful in water every four hours.

J. A. BURNETT, M. D.
Dean Spring, Ark.

A large cupful of hot water drank every half hour, persistently, has cured severe cases of delirium tremens.

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New Publications.

We can supply any Medical Book noticed in these pages or issued by any Publisher, on receipt of the publisher's price

THE INFLUENCE OF THE MIND ON THE BODY. By Dr. Paul Dubois, translated by L. B. Gallatin. Funk & Wagnalls Company, Publishers, 44-60 East 23d St., New York, 1906.

It has been the object of the author of this small volume to show the influence of the mind over the body, but to do this most satisfactorily, he found it necessary to examine the matter inversely and analyze fully the influance of the physical over the mental. Dr. Dubois has a well-earned reputation as a specialist in the treatment of nervous disorders through psychic suggestion and whatever he writes upon the subject will be read with interest. We do not hesitate in stating that the author accomplished his object most admirably, and believe the book may be perused with profit by the professional as well as the non-professional reader.

THE QUEST OF THE GERM; WITH OBSERVATIONS AND TREATMENT. By Eugene H. Wood, A. M., M. D. Published by the author, Milwaukee, Wis. 1906. Price, paper cover, 75 cents.

This is a brochure of 229 pages and in the preface the author states that the idea conveyed by the title of this book is strictly followed on two distinct lines which cross and recross each other at various points. The bacterists, it is shown, are still at the quest of the germ in the bodies of human beings, while I am pursuing the same object in the minds of the bacterists. The result of our quest are different. I will have succeeded in driving the germ from their minds while they will not succeed in finding the object of their quest because it does not exist elsewhere than in their minds. A perusal of the contents of this book will positively set any physician to laughing and thinking seriously at the same time.

THE AUTOTOXICOSES THEIR THEORY PATHOLOGY AND TREATMENT. By Heinrich Stern, Ph. M., M. D., New York, Professor of Special Medical Pathology and Therapy in the College of Physicians and Surgeons, Boston; Director of the Institute for Medical Diagnosis and Research in the city of New York, Physician-in-chief, Philanthropin Hospital in the City of New York. Pediatrist and Pathologist Misericordia Hospital and the Hartsdale Infirmary; Consulting Physician Metropolitan and Red Cross Hospitals; Chairman Section on Pharmacology American Medical Association; Permanent Member Medical Society State of New York; Fellow of the New York Academy of Medicine, etc., etc. 12 mo. 221 pages. G. P. Engelhard & Company, Publishers, Chicago, Ill. 1906. Price $1.00.

Autointoxication is rapidly gaining recognition as an etiological factor in disease, and must be reckoned with by the practitioner who desires to keep pace with the rapidly advancing progress of the medical sciences. The author's long experience in this particular field of investigation fits him particularly well to speak with authority on the subject, and the work he has brought out appears to be the first successful effort to reduce the subject to an intelligent and scientific branch of diagnosis and therapeutics, or to place it upon a sound basis, as it were. Dr. Stern presents the subject in a concise and practical manner, broad in scope and direct in application. The fogs of misconception and error, which have so long obscured this matter are cleared away by the author's scientific precision and clear perspective. and the real significance of autointoxication placed plainly before the reader's mind.

A COMPEND OF OPERATITE GYNECOLOGY. Based on Lectures in the Course of Operative Gynecology on the Cadaver at the New York Post-Graduate

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Medical School and Hospital, delivered by William Seaman Bainbridge, M. D., Adjunct Professor of Operative Gynecology on the Cadaver, New York Post-Graduate Medical School and Hospital; Consulting Gynecologist, St. Mary's Hospital, Jamaica, L. I.; Consulting Gynecologist to St. Andrew's Convalescent Hospital, New York, etc. Compiled with Additional Notes in Collaboration with Harold D. Meeker, M. D., Instructor in Operative Gynecology on the Cadaver, New York Post-Graduate Medical School and Hospital; Assistant, Department of Gynecology, Vanderbilt Clinic, College of Physicians and Surgeons, New York. 12 mo. Cloth, 76 pages. The Grafton Press, Puolishers, New York City. 1906. Price $1.00 net.

While this small volume is primarily intended for the post-graduate student operating on the cadaver, yet it will be found of intrinsic value to the busy gynecologist, as all gynecological operations of merit with their latest modifications are described, although concisely, yet with sufficient detail to make the work eminently practical. A number of original points of practical value are included in the text. A chapter on exploration of the viscera is a distinguishing feature; also, a chapter on miscellaneous points containing many admirable suggestions of a timely and practical nature. Without hesitation we feel justified in recommending this small book to the post-graduate student and the gynecological surgeon. The work is based on Dr. Bainbridge's lectures given in the course of operative gynecology on the Cadaver at the New York Post-Graduate Medical School and Hospital.

THE PRACTICAL MEDICINE SERIES; Comprising Ten Volumes on the Year's Progress in Medicine and Surgery, under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryncology and Rhinology, Chicago Post-Graduate Medical School. Vol. III. The Eye, Ear, Nose and Throat. Edited by Casey A. Wood, M. D., Albert H. Andrews, M. D., and Gustavus P. Head, M. D. The Year Book Publishers, 40 Dearborn St., Chicago, Ill., 1906. Price $1.50.

In the present volume an unusual number of pages have been devoted to papers on ocular symptoms in general diseases, mainly because the editor thought the presentation of these to the best interest of the general practitioner and to their eminently practical value, many therapeutic agents, especially radio-active remedies, have been described at some length. The other sections of the book are equally practical, and if anything, the present volume is an improvement over that of last year.

A COMPEND OF MATERIA MEDICA, THERAPEUTICS AND PRESCRIPTION WRITING; WITH SPECIAL REFERENCE TO THE PHYSIOLOGICAL ACTION OF DRUGS. BASED ON THE EIGHTH REVISION OF THE U. S. PHARMACOPEIA, INCLUDING ALSO MANY UNOFFICIAL REMEDIES. By Samuel C. L. Potter, M. D., M. R., C. P., Lond., etc. Seventh Edition, Revised and enlarged. P. Blakiston's Son & Co., Publishers, Philadelphia, Pa, 1906. Price, Cloth, $1.00 net.

It goes without saying that a work that has passed through seven editions must have met with considerable popularity, and this is, evidently, the case with Potter's Quiz Compend of Materia Medica. While there are some who object to the use of these compends, yet the student will have them, and why not? The right kind of a guiz compend, evidently saves the student much unnecessary reading, and his time is valuable in these days of strenuous life. He has possibly crammed his brain already with much unnecessary, impractical knowledge and the compend will enable him to secure a firmer hold on the essentials.

I have effected a cure in several cases of infantile umbilical hernia by putting the tumor back, and criss-crossing it over with strips of adhesive plaster. The younger the child the sooner the ring is obliterated, writes Dr. W. T. Marrs.

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Summary Gleanings.

Cases of epilepsy are reported cured in three months by an exclusive milk diet.

Sudden hoarseness can be relieved by using a solution of boracic acid as a gargle.

Ten grains of salicylate of sodium in an ounce of distilled water is an excellent collyrium in simple ophthalmia.

For coughs, colds and lung complaints, senecio gracilis is claimed to be one of the most valuable remedies we possess.

A pinch of salt taken in the mouth before taking of cod liver oil helps to disguise the taste and aids in its digestion.

It is a mistake to wear cotton in the ears at any time, as it deadens the hearing and predisposes one to earache and cold.

Charcoal absorbs the gases and impurities always present in the stomach and intestines, and carries them out of the system.

It is claimed that a pinch of German chalomile flowers, stirred in a cup of boiling water, and taken at bedtime, will cure night sweats in a week.

The painfulness of withdrawing packings that have dried in a wound may be avoided by soaking them with peroxide of hydrogen.

Rhus aromatica, adult, 30 drops of the fluid extract, taken three times a day; treatment continued for months if necessary; rarely fails to cure diabetes.

Calendula, tincture, diluted one-half or more with water, applied on cloth, kept constantly saturated with the solution, works wonders for wounds, contusions, gangrenous conditions, sores, etc.

For sprains, with camel-hair brush, paint with flexible collodion; when it dries, which will be in a few minutes, paint again, until six coats are applied. This is said to be all the treatment necessary.

Whooping cough may frequently be relieved by breathing the fumes of turpentine and carbolic acid.

One doctor reports of having cured 85 per cent. of all cases of cholera infantum with resorcin, one to three-grain doses.

It is claimed that milk diet exclusive is prophylactic of scarlet fever—hence children at the breast rarely take the infection.

For the amelioration of the paroxysms in whooping cough Dr. C. Binz, of Bonn, reports good results from the use of euquinine.

It has been frequently stated that a fruit and vegetable diet, as exclusive as possible during pregnancy, insures easy labor and healthy offspring.

Half-dram doses of the tincture of guaiac in emulsion every four hours is an old, sure, but disagreeable, treatment for tonsilitis and pharnygitis.

Chionanthus is said to be a reliable hepatic stimulant, without material purgative action; hence valuable in catarrhal jaundice and jaundice of infants.

An attack of acute intestinal obstruction, with passage of blood, and in the presence of a cardiac lesion is suggestive of thrombosis of a mesenteric vessel.

Salicin has been recommended for muscular rheumatism; we have recently tested it, but have failed to get the vaunted results claimed. Doctor, what is your experience?

A doctor reports that lactic acid, 10 per cent. solution in alcohol, 5 drops, morning and evening; cured promptly a boy 16 years of age, who had had diabetes mellitus for six months.

Pure unfermented grape juice, preserved without boiling, and without any chemicals, or other substance to prevent fermentation, is the food par excellence for sick children, as well as for adults.

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SEPTEMBER, 1906

GRAND RAPIDS

THE MEDICAL SUMMARY

Vol. XXVIII

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

R. H. ANDREWS, M.D., Editor & Proprietor

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ARE YOU IN PAIN?

YOU will probably ask this question more frequently than any other. To be able to relieve pain, whether it be a slight nervous headache or the most excruciating suffering from a severe neuralgia, brings the height of pleasure to both patient and attendant. The ideal remedy must not only do its work, but it must also do it quickly. Touching this point Prof. Schwarze (*Therapeutische Monatshefte*), writes upon tne treatment of the forms of dysmenorrhoea associated with pathological anteflexion, retroflection in the virgin uterus, and the different forms of congenital deformity of the uterus. This class includes tenosis of the external and internal os and all forms of dysmenorrhoea in which no anatomical changes can be demonstrated. He believes the coal-tar analgesics are of use as well as the preparations of iron and sodium salicylate. Other practitioners find that it is necessary, in many cases, to administer codeine in small doses, and antikamnia and codeine tablets would seem to have been especially prepared in its proportions for just these indications. **The codeine in these tablets is especially prepared, does not induce habit, is non-constipating and is chemically pure.**

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The MEDICAL SUMMARY

A MONTHLY JOURNAL OF

PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

R. H. ANDREWS, M. D., Editor, 2321 Park Avenue, Philadelphia, Pa.

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2321 Park Ave., Philadelphia, Pa.

This journal has an extensive and constantly increasing circulation, is substantially established, and therefore presents to business houses, desiring to reach the rank and file of the medical profession throughout the land, a most valuable advertising medium.

Entered at Philadelphia Post-office as second-class matter.

EXCESS OF FOOD—A DOMINANT FACTOR IN LITHEMIA.

It is superfluous and apparently puerile to say that the food supply must be measured by the purpose it is intended to serve, and yet this simple first principle is as frequently violated, deliberately and voluntarily, by those who are conscious of the results, as it is by those who transgress through ignorance.

The workman undergoing laborious exertions in the open air and inhaling the fresh, oxidizing atmosphere under his full, free and increased respirations will burn up an amount of food that would fill the blood current of the sedentary or idle person with effete substance or unoxidized material sufficient for scores of "blues," headaches and "bilious attacks," and to the latter the precursors of the more serious troubles that will follow with relentless certainty in the wake of all such alimentary transgressions.

The antitoxins are tangible and objective evidence beyond all cavil and speculation of the presence of some natural reserve power, inherent and always active and alert in repelling the encroachment of disease germs, and in preserving the normal status of the human organism.

But very unfortunately there is no parallel power to protect and curtail cell elaboration in the physiological functions of nutrition when a superabundance of nutritive material is supplied by an overworked and food-engorged stomach.

Many elaborate articles are written on the observed results that follow from an excessive indulgence in food in which the author absolutely fails to recognize the true primary causal agent from which these results proceed, and infinite and irreparable harm is entailed by the failure to abolish the fundamental operating and perpetuating agency—as easily reached as it is disparaged, ignored, or culpably fails of recognition.

Lithemia—the general term for this condi-

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tion—is characterized by the dangerous symptom of increased blood pressure, owing, primarily to the presence in the blood current of the faulty products of food mebabolism, leading on to atheromatous changes in the arterial walls that constitute so large a proportion of the troubles of elderly people. Although this condition cannot be attributed exclusively to the ingestion of excessive quantities of food, yet this cause is so dominant in producing this state that in the case of elderly and sedentary patients it is a ruling factor to which all attention should be given, both in prophylaxis and in treatment.

It is a great clinical fact that must be borne in mind, and it behooves the physician to warn his patients that the physical transgression of overloading the stomach with food will be followed by retribution as inevitably as by the violation of any other physical or moral law.

FOUL BREATH.

Foul breath comes from several causes, viz.: digestive disturbances, bad teeth, or certain forms of catarrh. If foul digestion, it comes from the stomach, and in that case the stomach should be washed out or otherwise sweetened, and a mild diet adopted until the stomach clears itself. If from the teeth, it usually comes from a cavity in which food lodges and decomposes. This is deleterious to health aside from being very disagreeable, and should be remedied by consulting a good dentist. If from catarrh it is usually the atrophic kind, in which there is usually a good deal of dryness in the throat, the secretions become morbid and cling to the mucous membrane, decomposing and forming a crust, usually in the posterior nares, or vault of the pharynx. This is a very troublesome form of catarrh and should lead to a consultation with a specialist. A spray of peroxide of hydrogen mixed with water, equal portions, will destroy all odors. We have also found an application of carbolized vaseline to be of great service.

CHRONIC ECZEMA.

No matter how complicated, the object of all treatment is to bring back the diseased condition to a healthy physiological state, and keep it there. If a patch of eczema is chronic and dry, one must moisten and grease it. If too wet, it must be dried. If swollen, the part should be raised or supported; if hot, cooled; if painful, it must be soothed.

If, as frequently happens, the skin is being infected constantly or at intervals by discharges from the ears, nostrils, eyes, mouth, or other mucous orifices, umbilicus, or from wounds and sinuses, these causes must be cured and satisfactorily dealt with.

The general treatment is, in many cases, very essential. Constipation, indigestion, anemia, any malnutrition, neurasthenia, worry, gout, kidney disease, as well as any bad habits, such as excess of smoking, eating, or free indulgence in alcohol—must be noted and corrected as far as possible. Grey powder, calomel, decoction of aloes, citrates and carbonates, iron, quinine, strychnine, and occasionally colchicum, and still more rarely arsenic, will meet almost all our needs as far as internal medicine is concerned. Sometimes the regulation of diet is of first importance. In the case of children, meat juice or blood-gravy for sucklings, and cod liver oil or malt extract for those a little older, will often do wonders, as will also, now and then, change of air or the administration of thyroid extract. For adults a change of occupation is sometimes absolutely necessary, but rarely so.

NOTE.

Practical and suggestive articles are always wanted for THE SUMMARY, and, in reading it, we wish that all our readers would feel free to write upon any line of thought suggested by any of its articles.

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Original Communications.

BRIEF and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases are solicited from the profession for this department.

Articles intended for the Summary must be contributed to it exclusively. The editor is not responsible for the views of contributors. Write plainly and only on one side of the paper

PERIRECTAL ABSCESS.

By Charles J. Drueck, M. D.

Professor of Abdominal and Pelvic Surgery at National Medical University, Chicago, Ill.; Professor of Rectal Diseases at Jenner Medical College; Surgeon to Lakeside and Emergency Hospitals, and Rectal Surgeon to Peoples' Hospital; member of Illinois State and Chicago Medical Societies.

The rectum, as a hollow tube, is held lightly in place in the pelvis by the connective tissues and muscles at points above, below, in front and behind, but on either side is in relation with loose areolar and fatty tissues, which are abundantly supplied with blood vessels and lymphatics that are easily and frequently infected or inflamed. There is a continual variation of blood pressure in these tissues depending upon the condition of the bladder and rectum, whether full or empty, and even on the position of the abdominal organs. These alterations also have a marked effect on the development of infections. By the process of osmosis and through abrasions of the rectal wall, the micro-organisms and their toxins pass into the surrounding tissues and lymphatics.

It is a common thing in making rectal examinations to find sensitive points on one side or other of the rectum when there is no apparent intra-rectal lesion. Sometimes it is difficult to differentiate between muscular rigidity and tissue congestion. In still other instances, the invasion is greater and the infection is diffuse or circumscribed and usually ends in abscess. This fatty areolar tissue is the least resistant of the body tissues, the fat globules apparently making the best nutrient media for the micro-organisms (the colon and tubercle bacilli and the pyogenic cocci) which soon fill the ascini instead of the fat cells.

The position within the pelvis at which the abscess develops depends upon the course taken by the chain or system of lymphatics involved. The lymphatics in the skin about the anus are called the inferior hemorrhoidal lymphatics and travel along the perineum to the inguinal glands or else back behind the sacrum. The deeper lymphatics pass through the ischiorectal space to the hypogastric ganglia, and are called the superior hemorrhoidal system. It connects with vessels supplying the gluteal tissues through the ischiatic notch and obturator foramen. The lymphatics around the deep rectum pass to the sacral and vertebral glands.

Infectious toxins gathered up by any of these systems may be followed along the chain. When the glands retain the poison and become inflamed, passage is blocked along that particular chain, but as the networks anastomose freely, not only with other branches of the same system, but also with deeper systems, the infection may be carried along other channels. In this manner two or more distinct abscesses may develop. This intimate relationship of the various lymphatics explains the occasional development of abscesses quite a distance from the rectum, following a very simple operation. Tuttle, speaking of this, calls attention to the fact that injuries of the anal canal may be followed by abscess of the the ischiorectal fossa or in the cutaneous tissues of the buttock, while injuries deep in the rectum are likely to be followed by abscess in the retrorectal space or deep in the thigh. Thus, regardless of its situation, the abscess is always secondary to some lesion of the mucous membrane of the rectum, or of the perineal skin, even though the abrasion cannot be found at the time of examination. The infection from these parts in being carried off results in either a breaking down of a gland or thrombosis of the lymph canal and thus develops an abscess. Singularly, these abscesses develop most frequently in healthy, robust, active men. Quenu considers this a lymphangitis. Where an abscess has existed several days prior to evacuation a certain amount of adenitis necessarily develops in the neighboring glands and these may subsequently give rise to other abscesses. Micro-organisms in these glands may remain virulent indefinitely.

The location of the abscess determines somewhat the severity of the pain. Abscesses situated near the anus, where there is considerable loose areolar tissue, which is easily distended, are much less painful than those situated where the structures are firmly bound by

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muscles and fasciæ. The sphincter is also, usually, excited and its spasm increases the pain. When the abscess develops above the sphincter, it frequently ruptures into the rectum and may present no external appearance. Digital examination, however, will demonstrate a globular mass indurated or fluctuating according to the extent of development. Bimanual palpation, with one finger in the rectum and counter pressure on the perineum, will be of much value in early diagnosis. The levator ani muscle forms a physiological roof of the lower pelvis and abscesses originating below this muscle empty either into the rectum or upon the skin, and while they may cause severe local and even systemic disturbance, they are only rarely fatal.

Perirectal abscesses may be single or multiple, and, when more than one, may connect, usually behind the rectum, through the space between the levator ani and the sphincters. Even when they develop on one side and open spontaneously or have existed several days, a second abscess frequently forms on the opposite side. The fat cells are displaced, but the connective tissue reticulum remains and the abscess is honeycomb in character. It is essential in operating to break down these pockets, as otherwise the contained pus will burrow and infect new areas. Infection may, however, be carried up through the fossæ on both sides and two abscesses develop from one source. The process usually goes on faster on one side than on the other, and the corresponding abscess may appear several days before the other. Such abscesses may not communicate.

Symptoms.

As a rule these abscesses develop acutely and with constitutional reaction which in some instances is very serious. Locally, there is a vague feeling of soreness within the rectum which increases gradually to a dull ache, and later a throbbing pain. Externally, there may be no signs at all if the infection is deeply seated, but if near the surface the signs of abscess will be seen, such as red or violet discoloration and swelling. A finger introduced into the rectum and pressed out and down will usually appreciate a circumscribed mass of induration or fluctuation. Defecation is extremely painful and dysuria may occur. In aggravated cases the swelling, tension, edema and redness about the anus appear erysipelatous, and a microscopical examination of the blood and excretions is necessary to differentiate. Sometimes the inflammatory reaction not only surrounds the anus, but involves the scrotum, perineum and thighs, but such is an extreme case. When the abscess is opened the pus is thick and cream colored, unless there has been extravasation of blood, when it may be brownish and a clot may be expelled en masse or as debris. Shreds of necrotic tissue are frequently seen in the pus and indicate a septicemic character of the infection. The odor is foul and gangrenous, even though the abscess does not communicate with the rectum. The gush of gas when the abscess is opened is due to the pent up condition of the pus and does not come from within the rectum, but is the result of bacterial life within the abscess. When the abscess is opened, either spontaneously or by the knife, the constitutional symptoms immediately subside and often within twenty-four hours will have disappeared, but unless drainage is complete another abscess will form and the whole chain of symptoms recur. This quite frequently is the case if all of the compartments are not broken down during the operation.

Treatment.

Palliative treatment or therapeutic measures are wastes of time, and local applications have been discarded because, while they give temporary relief and may even retard the progress somewhat, yet they never abort or prevent suppuration. We must never wait for suppuration, but drain freely and at the earliest moment, whenever we find well defined induration, unless we think the condition is syphilitic.

The incision should be wide enough to expose the whole field, permit the operator to see what he is doing, and allow free and easy drainage. This operative technic is that laid down by most surgeons, but it is the after treatment to which I have a few suggestions.

After the abscess cavities have been emptied and cleansed there is sometimes little or no hemorrhage, and in such cases no internal dressings, such as packings or tubes, are indicated, but the wound edges are best left free. A large, loose, absorbent perineal dressing answers all of the requirements.

Occasionally a diffuse oozing persists and the wound should then be douched with equal parts of hot water and alcohol to induce coagulation. Should there be distinct hemorrhage which cannot be controlled by torsion or ligature, then packing is, of course, indicated, and if packing is used it should be removed in six hours to be replaced only if bleeding recurs.

After six hours all of the dressings should

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be removed and the wound thoroughly douched with at least one gallon of normal salt solution at about 110 F. The index finger is passed into the wound to separate the surfaces and act as a guide for the douche tip to the deep recesses of the cavity. This douching is repeated every six hours until the discharge ceases and the wound is very shallow. The wound must then be dressed twice daily until healing is complete. Dressing these cases but once a day is wholly inadequate, because the wound surfaces become glued together, and the discharges are retained under pressure, and that means burrowing in another direction.

I have discarded drainage tubes and gauze packings, because when tubes are fastened into the wound by stitching to the skin edge, you will find it impossible to handle the patient for cleansing the wound without painfully dragging on the stitch, and the squirming and twisting of the patient makes douching very unsatisfactory. If the tube is not fastened to the skin, but is held by straps or bandages, it almost invariably slips to one side or other and becomes an obstruction instead of a drain. And unless the tube is removed at each dressing and thoroughly sterilized, before reinserting, it becomes a bed of infecting micro-organisms and retards healing more than it assists.

Gauze drains are supposed to act by capillary action like a wick, and if the secretions were as thin as water or light oil the gauze might serve its purpose. But the flakes of pus and fibrin in the discharges soon become matted in the mesh of the gauze and the dried serum glazes over the surface until in a few hours the gauze drain is really a loose, slimy plug in the wound. How often we have all seen the pus roll out of a wound when the gauze plug, that was supposed to drain it, was removed.

While tubes and gauze may drain a perirectal abscess very satisfactorily for the first few hours after they have been placed in situ, yet their utility is so short-lived and beset with so many disadvantages that I have discarded everything of that sort, and rely on thoroughly separating the wound edges with my finger, using it to explore the depths of the cavity and to guide the douche tip. In this way it is easily possible to prevent superficial adhesions forming pockets which predispose to new abscesses.

Because there is no foreign substance retained in the wound the divided nerve ends are soon covered over and in a few days the wound may be dressed or manipulated without pain.

Any deviation from the old-established proceedings must accomplish something worth while to recommend its adoption by the profession. By avoiding tubes and gauze drains in these perirectal abscesses the after treatment is much simplified. The patient is not kept in bed until the cavity granulates to a shallow ulcer, but, on the contrary, is encouraged to get on his feet and walk about just as soon as he is able. I have several times had patients step to the lavatory, instead of using the bed pan, within a few days after the operation.

Although I allow my patient to walk about, to help himself and answer the calls of nature and thus relieve the monotony and backache of a prolonged stay in bed, I very emphatically impress upon him the dangers of sitting down, because while our patient is prone the wound edges tend to gap and when he is on his feet the surfaces are perpendicular so that drainage is complete, but as soon as he rests upon his ischial tuberosities the lower skin edges are crowded together and the discharges dammed back into nooks and corners. I therefore admonish him that rest in bed is necessary, but he may be up and about for a little physical exercise. This is an important matter, because these individuals are usually in otherwise good health, and are frequently active, robust men.

The frequently repeated douches in large volume not only flush out the septic discharges as rapidly as they collect, but it serves another no less important service. By the time a perirectal abscess has reached the surgeon a widespread lymphangitis and cellulitis has filled the pelvis and both lymphatic and venous circulations are much impeded The douche here depletes the tissue through the wound the same as does the vaginal douche in periuterine congestions. In order to thoroughly reach all parts of the wound cavity it is necessary to make a digital examination at each treatment, and thus we notice early any points of local tenderness or induration, or any pockets we have overlooked in the operation.

Another prolific source of danger in the after treatment is the lower intestinal canal. It is the custom of certain operators to tie up the bowels for several days after the operation. No matter how well cleansed the digestive canal may be it still contains myriads of micro-organisms and toxins and as stasis is the first step toward toxemia it must be very evident that given a patient with a septic process in the pelvis it is essential that a positive current be kept up from the tissues into the

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bowels. To accomplish this I give my patient sufficient vegetable cathartic or saline to produce two to four loose evacuations each day as long as he is under my care.

By this method of treatment I save two or three weeks in the time of convalescence and the patient improves so rapidly in general condition that he is anxious to get about his duties. But it is fatal to success to let him slip out from under observation too soon. No one will dress the wound as carefully and conscientiously as is needed except the operator, and I hold my patient down until cicatrization is nearly complete.

In closing, let me say that I consider the liberal, hot douche frequently repeated, and the free catharsis fully as important as the operation itself. These procedures cannot be carried out except the wound be dressed wide open and after a thorough trial I am convinced this method is superior to any that uses an artificial drain.

599 East Forty-sixth street.

[The next paper by Dr. Drueck, to be published in THE SUMMARY, will be on Rectal Fistula. These series of articles are of a most practical character, and they alone are worth the price of a year's subscription. Therefore, we have still a few of the back numbers, containing this series, and, while they last, we will send back numbers to all new subscribers, on request. We reiterate: There will possibly be points in these articles that may not be well understood, and if the reader will send his inquiry to the editor or to Dr. Drueck, his questions will be answered in the "Notes and Queries" department of THE SUMMARY. Or, if preferred, return postage being enclosed, response will be made direct. However, we trust that everyone will see the greater benefit accruing to all if reply is being made in THE SUMMARY columns.—ED.]

PNEUMONIA—ITS ACTIVE, RATIONAL TREATMENT.

BY R. J. SMITH, M. D.

Pneumonia is an acute infectious disease, caused by the *micrococcus lanceolatus*, which produces a specific inflammation of the parenchyma of the lung and marked constitutional disturbances (Anders). Osler, in addition, says it is self-limited.

The pneumococcus is found present in a majority of cases. Its mere presence is not proof that the patient has pneumonia, nor that he will develop pneumonia. It is found in the throat secretions in normal conditions in about 75 per cent. Taken in conjunction with the classic symptoms of the disease, chill, prostration, high fever, hurried respirations, cough, pain increased by cough or deep breathing, "rusty" sputum, pulse-respiration ratio not maintained, usually approximating 1 to 2 or 2½, the presence of the germ in the sputum and in the blood clinches the diagnosis.

Leucocytosis is usually present, and often marked, ranging from 10,000 to 40,000. If leukopenia is present, the patient usually dies.

Frankel says: "The pneumococcus is the true cause of the disease, *but* it excites the disease only when its virulence is so great that it can penetrate the natural defenses, or when, because defense is feeble, *the soil is already favorable* for its development in the lungs."

The influence of cold is an important factor in the etiology.

Pneumonia in children offers difficulties in diagnosis not usually found in adults. The initial symptoms, as chill, cough, pain in side, rusty sputum, are usually absent. The temperature is more often remittent, physical signs obscure, but there is rapid breathing and the pulse-respiration ratio is increased from 1 to 4, to 1 to 2½ ,often to 2. Ofter the predominant symptom is cerebral, suggesting meningitis or gastrointestinal, misleading the clinician of careless routine.

The treatment must be active and vigorous, and pushed to the limit. As autotoxemia as a complication is usually present, of first importance is elimination. Give small divided doses of some cholagogue as calomel and podophyllin, followed in an hour or two by purgative doses of saline laxative, repeating every two to four hours, as needed to thoroughly empty the bowel. The intestinal antiseptics in solution in grains 5 to 10 every two to four hours should follow the first dose of saline. Continue daily doses of saline, or, if preferred, give tablespoonful doses of castor oil.

For the headache and high temperature, cold pack to the entire scalp region, local cold pack to the affected lung, cool sponging of the rest of the body, followed by an alcohol rub.

In children, heat will be more acceptable; and, if pain is much complained of in adults or older children, a mustard plaster may first be applied, then some hot glycerinized paste. If the case is met with during the rigor, a hot bath is not harmful, rather by relaxing the

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spasm of the peripheral vessels, the internal congestion is relieved.

Internal medication consists in the use of those remedial agents which tend to relieve stasis in the blood vessels of the affected lung. There are many agents which do this, thus explaining the many modes of treatment, but to perform this feat, *cito tute jucunde et certo*, "the arms of precision," the active principles, are the most rational and most safe.

During the stage of congestion and early inflammation there is too much blood in the vessels of the affected lung, and commencing stasis. The blood current is slowed, and there is commencing exudation—stage of consolidation beginning. Phagocytes rush in to repel the invaders, and soon there is overcrowding, with the advantage in favor of the invaders.

If now stasis is relieved, new blood, new cells are sent to the field, pressure is relieved, the invaders are more easily attacked, and soon overcome.

Equalize the circulation by giving aconitine amorphous gr. 1-134, if pulse is small and quick, veratrine, 1-134 gr. if full and bounding, digitalin to contract the dilated blood vessels. Veratrine is the remedy par excellence in sthenic cases. It is a circulatory sedative; it increases elimination; it lessens the congestion. In true sthenic arterial excitement, it is prompt and very safe, because long before the heart or lung is adversely affected, the nausea or free vomiting and purging warn the physician or the nurse to reduce the dose or stop the remedy entirely.

Aconitine amorphous in the dosimetric treatment is often added to veratrine, seeming to increase the beneficial action of the latter. It is indicated in the active congestion stage. It reduces the heart action and relaxes the vasomotor spasm of the peripheral vessels. Digitalin is added to steady the heart, and these three form the defervescent compound, and should only be used in the first stages of sthenic inflammation. When this stage is past, the depressant veratrine should be discontinued, and strychnine arsenate gr. 1-134 replace it to increase vitality, to "take up the slack."

Then, in sthenic cases, give the defervescent granule every fifteen minutes to half an hour until the pulse softens or nausea is induced. Give sufficiently often thereafter to keep pulse below 80. If nausea increases, change to the dosimetric trinity granule. If the preliminary treatment has been properly carried out, and elimination is thorough, the granules as above given, with free drinking of water, will reduce the temperature to nearly normal in a few hours. With reduction in the temperature and a quiet pulse, the patient is approximately well. A warning that must be borne in mind is not to stop the dosimetric treatment too rapidly. Lengthen the intervals between the doses.

If pain is severe, give codein gr. 1-12 to ½ every two or three hours. This will also relieve cough. For nervousness, give cicutine hydrobromide (1-67 gr.), granules three repeated in one to two hours, if necessary.

As a systemic antiseptic give calcium sulph., gr. 1-6 to ½ every two hours. If an active preparation of this peerless (in its field) remedy is not at hand, give guaiacol carbonate in fair dosage every four to six hours. If expectoration is not free in the later stages, or when active congestion is reduced, give emetin 1-67 gr., sanguinarin 1-67 gr., one granule of each every hour until secretion is free.

I would emphasize three points in the treatment.

Eliminate thoroughly.

Antisepticize the bowel contents.

Equalize the circulation.

The result? Abortion or jugulation of the trouble.

Osler says pneumonia is self-limited. It is easily aborted by active rational therapeusis.

Smithfield, Utah.

A STUDY OF THE VARIOUS ANTIPYRETICS, ANALGESICS AND HYPNOTICS WITH CLINICAL NOTES.

By C. W. Canan, M. D., B. S., Ph.D.

For several years, and especially during the last two, we have been investigating the therapeutic virtues of the many products known as antipyretics, analgesics and nerve sedatives. In many we found the antipyretic quality decidedly in advance of the other properties; in others the hypnotic and nerve sedative effect predominated. Those of the former class were of the coal tar derivatives and reduce high temperature by quickly changing the composition of the normal constituents of the blood. They lessen the quantity of oxyhemoglobin and increase the formation of methyhemoglobin. This change sadly impairs the ozonizing function. Consequently the impairment of constructive tissue metamorphosis and heat production. Those of the second group do not produce these physiological phenomena, hence are not such powerful

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antipyretics, but exert their effect more directly upon the nervous system. Drugs of this class have a selective action upon both central and peripheral nerves; they quiet the heart action, making its beats rhythmatic, and reduce arterial tension; hence they relieve pain and calm the sympathetic nervous system, thereby producing sleep. Pheno-bromate belongs to this class, being a synthetic combination of the phenetidin and bromide group. It does not produce the exhaustive sweats, neither does it interfere with the ozonizing function of the blood, like those of the former class; yet it is a mild but useful antipyretic. During our investigation we pressed this drug until 60 and even 75 grains were given in 24 hours, without producing cyanosis or any deleterious after effects. When administered in proper medicinal doses the skin becomes active, the number of respirations decrease, the heart beats are more rhythmatical and are reduced in number; the arterial tension is lowered, and the temperature, if high, declines toward the normal. At the same time the pain, if present, is relieved, and the patient feels soothed and soon falls to sleep. As it partakes strongly of the bromide element it is necessary to give full medicinal doses to secure the best results. This remedy should not be classed with the patent medicines and nostrums, as is being done with some other products, by those who live behind a shield of ethics of their own manufacture. As far as we have been able to learn it is purely an ethical product, advertised to the medical profession through ethical channels and not to the public, either directly or indirectly. We have found pheno-bromate safe and reliable in the following diseases, and the thoughtful physician will find still a broader field for its usefulness: Acute colds, la grippe, bronchitis and tonsilitis; as an adjunct treatment in pneumonia and pleuritis. In Migrane, the various neuralgias, and to relieve the acute pain in rheumatism. In lumbago and sciatic troubles it acts well. For dysmenorrhea, ovarian neuralgia and other pelvic pains in the female, where there is no recognized diseased condition, it produces the most gratifying results. It is most efficient treatment in all neurotic disorders when administered in conjunction with other remedies. It is also indicated in neuritis to relieve the acute pain and to produce sleep.

That the reader may better understand its uses and value we append a few clinical reports of cases treated during and since our investigation:

Case I.—Miss Ethel R., 12 years, of good parentage, robust and full of life; was taken suddenly ill about 3 o'clock in the morning. I was called at 6 o'clock A. M., and found her in the following condition: Temp., 104 degrees F.; pulse, 120; resp., 30; had a severe pain in left lung; was very nervous and jerking. Diagnosis, pneumonia; treatment consisted in rubbing the affected side with capsolin, covering with silk and then covering the whole chest with a cotton batting jacket. I prescribed 5 grs. pheno-bromate every hour until the temperature and pulse declined within proper bounds. In four hours her skin was active; temperature 100 degrees F.; pulse, 90, and resp., 20; the twitching of muscles and jerking had disappeared and she was sleeping sweetly. The drug was withdrawn until six o'clock that evening, when her temperature again rose to 102 degrees F., when the pheno-bromate was repeated in 5 gr. doses every hour until three doses were taken. This produced a free state of perspiration and a good night's rest. On the following morning I found the disease aborted; put her upon a tonic and in a few days she was well.

Case II.—Daniel T.; farmer, of stout German stock, aged 32, had been enjoying good health and worked through all kinds of rough weather. On the evening of Dec. 5th was taken with a severe chill just before time to retire. He went to bed and after using domestic remedies, got warmed up. On the following morning he got up and went to the barn to feed, although suffering from a severe headache and pains through all parts of the system. He ate but little breakfast, and soon after developed a terrible chill that shook him for an hour, in spite of all they could do. I was sent for, but, being away from home, did not see him until 5 o'clock that evening. His condition was as follows: Temp., 104½ degrees F.; pulse, 118; resp., 26; tongue heavily furred, breath offensive, terrible headache at base, lightning pains in every part of body, even to ends of fingers; had a hoarse cough, and bowels had not moved for two days. Diagnosis, la grippe. Treatment—Mild chloride in gr. doses with 2 grs. bic. soda every hour until four doses were taken. In two hours from last dose he was given a full dose of Epsom salts. In the meantime he was given ten grains pheno-bromate and repeated in two hours. On the morning of December 7 I made my second visit and found him resting easy; had but little pain; bowels had moved several times; he had slept several hours in the after part of the night, and, while sleep-

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ing, had had a good sweat. Temperature now 100 2-5 degrees F.; pulse, 90, and respiration normal. I now prescribed 3 grs. quinine every 3 hours and alternated this with a cough mixture. Also left directions for them to repeat the pheno-bromate, if temperature went up and pain returned during the afternoon. Shortly after eleven o'clock that night I was sent for hurriedly and on my arrival I found him with a chill, temperature high, pulse rapid and suffering decided pain. On inquiry I learned that he was resting quietly in the evening, and had fallen into a sleep without repeating the drug, as ordered. I at once gave him 10 grains and had the dose repeated in one hour. This produced the desired effect. On the morning of the 8th his condition was very similar to that on the 7th. To guard against any further trouble we had him continue the quinine and alternate that with 5 grains of pheno-bromate every three hours, except during the after part of the night, when he was asleep. We also ordered the second dose of Epsom salts. From this time on we had but little trouble, except with his cough, which clung to him for some weeks. He made a good recovery.

Case III.—Miss Kate M., age 22; good family history; had menstruated regularly since 15 years old, and had suffered but little until the last two periods when she had experienced some pain. I was called hurriedly one evening and found her suffering tortures. She could rest no way, was wringing her hands and it only took a glance to assure one what she was suffering. Her extremities were cold and her face was covered with a cold sweat; the flow was started, but was very scant; her temperature was sub-normal and pulse weak and thready. She was very tender over region of ovaries, and, in fact, all over the lower abdomen. I made a hurried diagnosis of ovarian neuralgia. Treatment: My first impulse was to give her a hypodermic, and, in fact, had taken out my case, when I thought of pheno-bromate. I decided to give this a trial and use the hypodermic later, if it failed me. I at once crushed up three 5-gr. tablets and gave them on tongue, following with a pretty stiff toddy. The effect was interesting to watch. By the end of one-half hour the cold extremities began to warm up; the cold perspiration disappeared and the natural color began to be restored, and at the same time her tossing about and moaning grew less. I also had the lower segment of abdomen covered with flannel, after rubbing with a stimulant liniment, and dry heat applied. At the end of one hour she was perspiring nicely, and pain had nearly subsided, and at the end of two hours she was free from pain, but was still tender over region of ovaries. I left her 5 grains to be taken every three or four hours until all tenderness had disappeared and to double the dose if pain returned. Also to take a hot foot bath has soon as she felt able to do so and to remain covered warmly in bed until the flow was well established and all tenderness was gone. She had no further trouble, and in a few days was about her household duties.

Case IV.—Mrs. Alice W. Mother of three children; aged 29; came of neurotic stock; had always something to complain of; she suffered from constipation, pain in back and limbs; an almost continual headache, was very nervous and sometimes hysterical. One of her major symptoms was insomnia; she seldom slept more than three or four hours out of twenty-four. Another prominent symptom was indigestion and palpitation of heart. Several painstaking examinations failed to reveal any organ that was diseased. We therefore made a diagnosis, calling it a neurosis or a neurotic condition of the nervous system. Treatment: This consisted first of advice and instruction as to diet, exercise, habits, etc.; the intestinal tract was then cleaned up, kept clean and made antiseptic. The constipation was overcome by dieting habit and laxatives. For the headache, vague pains and insomnia we prescribed pheno-bromate. This was varied to meet the indications through the day and a full dose was always given an hour before the time to go to sleep. There were often periods of several days when she did not require any but the evening dose. When she had a bad headache or became nervous, one or two doses always relieved her, and under her new diet regime and punctual habits she began sleeping better and better; as this took place the drug was gradually withdrawn. Within the last six months I have only prescribed it for her once and that was to assist me in breaking up a cold. She says she is a new woman living a new life.

Orkney Springs, Va.

"THE SEVERE COLD" OF HOTTEST SUMMER—A NOTE ON A WELL-DEVELOPED CASE.

By Woodbridge Hall Birchmore, M. D.

(Continued from August Number.)

The DIAGNOSIS.—This appeared to indi-

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cate that this patient had inhaled a large quantity of the spores of some fungus, probably some species of lycoperdon, and that two series of symptoms had resulted therefrom. Series A, those of local irritation, and Series B, due to the systemic effect of the poison absorbed. Series A was already clearly developed. The manifestations of Series B could not be long delayed, perhaps already were in being.

Condition at 10 A. M., May 25.

As soon as Mrs. B. awakened from her nap an exhaustive investigation was begun. The local swelling of the tissues about the glottis was already much reduced by active dehydration, but otherwise the condition was not appreciably altered. Scraping showed that the surface was to all intents covered with spores of the fungus. They were present to all appearances in myriad millions, and while none were seen to be sprouted many appeared to have been sufficiently acted upon to have lost the coating, be this what it may, which protects them from the action of simple water. This coating is presumably oleoginous, as it is known to be removed, saponified, perhaps, by dilute caustic alkaline solutions, and presumably by an alkaline solution of the dilution of serum. The question naturally suggests itself if such soluble substance exists what are its effects? How do they become manifest?

As soon as possible after Mrs. B. wakened she was persuaded to take to her bed. This she did willingly, for she now began to see that she was indeed quite sick. As soon as possible after her *toilette a la invalide* was made I went to her bedside to determine conditions. There had been no renewal of the spasm of the glottis, and this swelling was much abated locally.

Her appearance was much as previously described, but the swelling of the lips was less, as was the swelling and injection of the conjunctiva. The suggestion was that the dehydration of the structures by the local application had been wide.

The Temperature.—The temperature was noteworthy, 101.7 degrees F., while the respiration rate, 25 to 32, running down to 9 to 17 showed the extent of the nervous irritation. The pulse rate was reasonably steady at about 84, but at the least exertion the pulse rate and the respiration rate would augment rapidly. Fearing the influence of the possible poison upon the heart's action, digitalin (1-20 gr. hourly) and strychnine sulphatis (1-20 gr. every third hour) were prescribed to be continued until forbid.

At 2 P. M. the secondary symptom picture began to show itself. The temperature had settled down to 100.3 degrees F. Pulse average about 100, and the respiration 15 to 20, but distinctly ineffectual. The heart tonic was continued and as the patient manifestly needed sleep hyoscyamine (1-50 gr. hourly) was given, with strict injunctions to watch for results.

Of course the fact was patent that relatively a very large part of the invading germs were still in position to exercise their influence, and that they could act only as the elaborated poison could reach the blood current, but it was also clear that some substance which seemed to disquiet the patient was making itself felt from time to time.

At 5 P. M. the temperature had risen to 101.3 degrees F. The pulse was 86 per minute, the respiration practically steady at 23; the beat of the heart was jerky and weak. Mrs. B. was not sleepy but lethargic, yet she had had a good nap. The hyoscyamine was stopped.

As the bowels had not been moved a saline cathartic was given and afterward sulphocarbolate of calcium (5 grs. hourly). I called again about 8 P. M., bringing with me a physician most expert in cases of ptomaine poisoning, and after examining the case he said: "The case is developing slowly. If Mrs. B. survives long enough to eliminate the poison all will go well." This was cold comfort surely. About 9 P. M., the husband, who did not appear to understand that which we had been trying to explain to him, insisted that his wife had capillary bronchitis and demanded that a physician whom he named should see the case. Of course, I was willing enough to divide the responsibility. I saw he was somewhat at a loss to make a satisfactory diagnosis, but he pleased me and impressed Mr. B. very much by saying: "Capillary bronchitis! It is possible, my dear sir, that you do not see that your wife has been poisoned?" This was most unexpected aid, and now that I had aid and comfort I began to hope for success.

The routine was continued until midnight, after which time the patient was to be permitted to sleep if she would. At 4 A. M. the temperature had fallen to 100.3 degrees F. The pulse was 84 on first count, 76 on third. The respiration was 16 and very much more steady, and, so far at least, the elimination of the poison had kept pace with the absorption.

At 6 A. M. the nurse reported over the 'phone unexpected improvement. The temper-

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ature was 99.2 degrees F., the respiration and the pulse to all intents unchanged. The nurse at this same time informed us that the patient had passed a large quantity (2300 ccms.) of urine, and that it contained more than a large trace of albumin. The digitalin and strychnine were ordered stopped forthwith.

I saw the patient at 9 A. M. The pulse, respiration rate and the temperature had again gone off. This was evidently due to an intense nervous irritation, apparently of wholly subjective origin. The patient declared she was "suffering from the same sensation which she would endure were ten thousand big black ants crawling on her unprotected skin."

Strophanthin (dose 1-25 gr. hourly) was now substituted for the digitalin, but a few hours made it clearly to be seen that this was a mistake, and the digitalin was resumed in the hourly doses as previously, and then once in three hours, the dose once in three hours to begin as soon as the pulse showed that the digitalis had taken hold on the circulation.

Pilocarpine (dose 1-20 gr. every half-hour until physiological effect) was given from 10 A. M., intense perspiration followed and the formication increased, but this was presently relieved by rubbing the skin with a harsh towel wet with a solution of caustic soda, one part by weight in ten thousand of water. This solution was used abundantly, and it removed a great quantity of oil from the skin, which gave the towels a most offensive smell and acted to change the reaction of the perspiration. It was evident that the pilocarpine was acting to remove the poison by way of the skin, for as soon as it took effect the albuminuria ceased.

It was wonderful to see how rapidly the somnolence and respiratory disorder disappeared after the elimination of the poison was effectually determined.

From this time to the third morning the absorption and excretion of the poison appeared to keep pace, but on the third day, by 10 A. M., the improvement was distinct, although not great. But from this time on a satisfactory termination was assured, yet it was some weeks before the last manifestation of the terrible struggle of the circulation to maintain its proper equilibrium was in evidence. It was exceedingly exasperating, however, to the three physicians who were receiving hourly bulletins and each making four visits a day to hear Mr. B. tell his friends: "My wife has a bad attack of capillary bronchitis resulting from a cold," and to hear Mrs. B.'s mother say: "My daughter has a bad cold, that is all."

Such was the first of the two cases to which I have made reference, as distinctly a case of poisoning by the absorption of some substance extracted from the germs of a fungus as one could wish to see, and yet the identity of the fungus was not determined, and the action of the poison on the special organs remains questionable, or, at least, obscure.

On the other hand, one item of interest is neither questionable nor obscure, the importance of the small dose often repeated, no matter how administered. Given an efficient preparation, one of whose certainty of action both in degree (intensity) and kind the physician is as sure of his drug as is the surgeon of his knife. The therapeutic problem becomes simplified and rapidly changes. The physician does not hesitate to give a drug until results are produced. He is not restrained because he fears lest some other drug, which is in his preparation an unknown quantity, should find its way to mischievous activity, but, knowing that he is giving *but one drug* and this one *in its purest form*, he does not hesitate to measure the enough given by the effect produced. If he elect to use his hypodermic syringe, the proper method of administration, in view of the circumstances, the limit of actual practice is distinctly the reaction of the patient and not the amount given.

The guide in this case was not the number of minims of the tincture which I gave nor the number of milligrams of the alkaloid, but the reaction of the patient for the unit dose was so small that its activity was as it were a unit also. In directing the nurse to give the digitalin every half-hour the limit set for the series of doses was not the number given but the effect produced, therefore the notes on the therapeutic scheme represents not my guess work as to the amount required but the amount which was proven by experience to be needed, and the same may be said of the strychnine used, and it seems almost a pity that the importance of the hypodermic syringe in cases where not enough and too much leave but small margin, is not more widely appreciated. The effect of the pilocarpine is almost a demonstration of the character of the substance removed from the fungus spores, that it was an essential oil. Nothing other than this could account for the irritation of the kidneys, producing the transient albuminuria which disappeared as soon as the pro-

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fuse perspiration caused the fat elimination by the glands whose normal function is the excretion of such substance.

While I do not wish to make an affectation of modesty and am perfectly willing to admit that I consider my diagnosis a happy thought, yet I do positively assert my belief that without the hypodermic syringe and the pellets of the alkaloidal salts diagnostic acumen would have been in vain. It is very pleasing to one's self love to have made a correct diagnosis in difficult circumstances. It is still more pleasing to have assisted in the recovery of a case which threatens disaster.

To give small doses often repeated of a preparation you can trust was the Fothergillian Gospel, and it at times seems as if he lived before his time, when his teaching would have been most useful. Imagine the use to which his genius would put the hypodermic syringe, with the present supply of possibly useful preparations! It is an example to all of us; is it not also a warning?

The Sinclair Hotel, No. 163 Fulton st.,
Brooklyn, N. Y.

SOME POINTS ABOUT CHOREA.

By William R. D. Blackwood, M. D.

Chorea is a widespread disease—it goes for the tramp and the king alike. It is found in all climates and in all races; it is usually commoner in early life, but may attack the centenarian. It is apt in childhood to come along with some other malady, and particularly so with rheumatism. In fact this has so often attracted my attention as to cause me to think that there may be some connection with the uric-acid diathesis. I am the more sure of this because I have found many times that the remedy for rheumatism was all right in chorea, and that cases where I got hold of a rheumatic lost the chorea too, although it did not come to me for that at all. At one time in my career I had a great reputation for curing all kinds of rheumatism, and thus I got hold of many patients who had intercurrent diseases also—they sometimes got better of the whole arrangement, and my name thus became great as the best doctor around that neighborhood, and sometimes around a wide circle beyond the neighborhood itself.

Chorea may be simply a slight spasm, or it may be almost a series of convulsions—tearing the poor child around and about the room or out of bed at night when sound asleep. Once a boy whom I foolishly took into the parlor instead of to the office had a jumping spell which in a single leap carried him across a space of nine feet, and through what railroaders term a double reverse curve, missing somehow three tables loaded with expensive bric-a-brac. You bet he went to the office thereafter right from the front door. Chorea may be very slightly developed—many folks have short twitches about the mouth, thought to be simply a habit, but nevertheless it is chorea and should be treated without delay, for the disease gets beyond management when not taken in hand in due time. I do not care to take up space in description of varieties, but I will go at once to my style of treating this troublesome malady. First of all, keep the stomach and bowels thoroughly aseptic, and for this end see to a daily evacuation, without medicine, if possible (by steady visits to the closet), and when the intestinal canal is clean, keep it so. I like in this direction the sulphocarbolates—zinc and soda in small doses. I use the valerianate of zinc a good deal, and add to it extract of sumbul. A combination of sulphocarbolate and valerianate will do nicely. My sheet anchor is cannabis indica—the assayed extract of Squibb, of New York, or Squire, of London. Give small doses—only one drop to a child of a year, and increase gently for elder cases. Don't give quinine at any time—it makes things worse, always. Bromide of zinc is good sometimes, but it starts herpes—if such looks imminent stop a week or two and then go ahead slowly. Snakeroot has a great reputation, so has yarrow and stillingia—they can't do any harm, anyhow. A good plan is to dissolve the salt used in comp. syr. stillingia.

But the ideal remedy for chorea is electricity and galvanism is the kind to use—give this throughout the spinal length daily for about thirty minutes. Direct the current adversely, i. e., in opposition to the normal nerve force—the negative above, and the positive at the base of the coccyx. Don't let the current run through the brain—it won't do any harm, but it causes giddiness in many folks, and young children, if once hurt, will kick thereafter.

The so-called "breeze" is a fine agent when using static electricity—spray it all over the patient—particularly about the face.

In some cases lupulin seems very good, if given in large doses. I have also had success with cascarilla in combination with gentian—the infusion made at home being the better. Many fluid extracts are inert—try the alkaloids, such as those of the Alkaloidal Company, at Chicago, but don't fool with them in the

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dose noted in their catalogues—that is as bad as homeopathy—the 67th of a grain of anything outside of the extra strong drugs, such as aconitia or strychnia, and atropia or hyoscyine is rubbish. Just imagine the 120th of an iron preparation—you have to give a taspoonful at a dose! Give enough at a time to show that the patient has taken something at once. You wouldn't order castor oil in drop doses every hour till loosening up came along. You give a tablespoonful or a wineglassful and then something happens.

If the heart is unsteady give cactina enough to tone it up. If there is albumenuria and this happens frequently, put the patient on a good diuretic, but don't give digitalis. Apiol is good, so is tr. juniperis comp. Give lots of water—an effervescent one is the best. The diet must be good and full—the idea that meat is heating or bad is all rot. Children must be well fed always. Be careful about frightening a young choreic—be careful not to expose any young child to a case of the malady—imitation here is stronger than in any other disease. Children often catch it from seeing others jumping and squirming in school or in playgrounds. If someone in the neighborhood has it, keep your child away from that focus of actual infection and contagion. There may be no germ in this business, but all the same it somehow travels around fearfully from one isolated instance till the whole surrounding community is affected. Don't encourage stealing meat and hiding it in a hole in a tree at midnight, as many people recommend, and don't try quack medicines—they are all fakes.

852 North Twenty-third st., Philadelphia.

AN INFREQUENT CASE—WHAT WAS DONE.

By Frank R. Brunner, M. D.

One night several weeks ago Dr. L. called me out of bed and wished me to see a nine-year-old boy, saying that a urinary calculi was lodged in his urethra, that he could not get it forward nor backward, and that it was the first case of the kind he had seen in eleven years' practice.

I went with him prepared to operate. Upon examination I found a fairly large stone in the urethra back at the scrotum. It could not be moved by finger manipulation nor by a silver sound, and the only thing left to be done was to open the urethra and remove the offender.

Dr. L. etherized the boy and I removed the stone by opening the urethra at the scrotum. After closing the external wound the boy urinated freely, which he continued to do for two days and after that he had to be catheterized twice a day for nearly a week, after which he helped himself.

The day following the operation the penis was swollen. An application of acetate of lead and laudanum relieved the trouble in one day.

The operation in itself is not a critical one to perform ,but more or less difficult in such a young subject.

I am not writing this for the benefit of college and hospital operators, but for the benefit of the country, small town and village practitioners who may happen to meet such a case, and who, on account of an already over-distended bladder, could not safely wait a day, or day and a half or two, until brought to a hospital.

I grasped the calculi between my fingers, pulled the skin from the side of the penis over the stone, then made my cut in the side, instead of the bottom of the canal.

The wound was washed carefully with bichloride solution, a cat-gut suture closed the cut in the skin, and the urethra was left to take care of itself.

When I left the skin go the cut showed to be far above the urethra, as I wanted it to be, so that the operation could be considered a sub-cutaneous cut instead of having the incision of the urethra in a direct line with that of the skin.

The stone was black in color, fully a fourth of an inch long and nearly as wide, broad at one end and more or less pointed at the other. It was smooth to the touch, with small warts on the surface, here and there, and no doubt belonged to the mulberry kind, of which I have a very nice specimen about as large as the first joint of a man's little finger.

The lady who passed this stone was an elderly maiden woman and had had trouble for several years with her urine. She came to see me from a distance. I prescribed for her, not thinking of a calculi. When I saw her the second day, she smiled, said she was cured and showed me the cause of her trouble. She had more urine in her bladder than usual and, in passing it, fortunately, the stone got into the current and passed into the chamber.

Some years ago I was called to an old man who had a urinary calculi in his urethra midway between the head of the penis and scrotum. After some effort I succeeded in crush-

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ing it and removed the fragments piecemeal.

In operating I would always make my incision in the side of the urethra and not in the bottom. The urine will not leak out so readily, the opening will heal more quickly, more particularly if the opening in the canal does not communicate with the outside cut.

When a stone is fast in the canal so that it cannot be pushed forward easily it is better to remove it with an operation than to resort to crushing. When a calculi is once in the uretha it should not be pushed back into the bladder even if that could be accomplished.

Since writing the above history of the operation which was performed on August 9th, late in the evening, I was called early in the morning of August 20 to remove another calculus from the same boy.

This body was lodged in the membranous portion of the urethra and seemed in a pocket, as it were.

The boy had urinated very little during the day, and at night the pain became intense. The attendant did not succeed in his effort to introduce the catheter.

On my arrival the boy was etherized and I introduced a silver sound. Next tried a silver catheter and drew away half a pint of urine.

The stone seemed to move from the prostate to the bulb of the penis, but the move was deceptive, and the urethra moved with the calculus.

I grasped the stone between my fingers and made the incision in the membranous urethra in the raphe or middle line and removed a stone larger than the first, but similar in shape and makeup.

There was very little swelling in the second operation. He passed his urine voluntarily on the 24th, four days after the operation, walks around the room and is ready to return to his home in Allentown, Pa., in a week after the operation.

The idea of reporting this case is not to "brag" about the operations and their results, but to encourage country doctors to do their own work instead of sending their cases to so-called specialists, and yet it requires some self-denial to resist the temptation.

On this second occurrence we told the parents that if they felt so inclined, they should take their boy home and place him in a hospital, if they desired, yet if they wished otherwise, we would again operate, but they should think it over for themselves and we would be their obedient attendants. Consulting with themselves, the boy and their friends, they concluded that the first operation proved successful and hoped the second would do so also.

Country doctors have a reputation to build up and to save, hence they need be cautious, as we were in this case, and few can afford to lose that which they have.

The urethra is a very important channel. It is to last a lifetime and a fistula or a stricture is among the most unfortunate of all mishaps, more particularly in the male, since it is connected with what Prof. Forbes used to term "that most vital organ."

Eshbach, Pa.

SALICIN; THE TIDES, ETC.

By John Albert Burnett, M. D.

On page 290, June, 1905, *Chicago Medical Times*, is the following: "Salicin, five grains every three hours, is a most valuable remedy in acute rheumatism and in all muscular pains." As muscular pains is a very common condition this makes salicin a very useful remedy. It is not only a good remedy for muscular pains, but is a good nervine and will sustain the nervous system and a patient's strength, a very important thing in many conditions. Dr. Bland recommends the following for neuralgia:

℞ Salicin ..... 5 j

Ext. cypripedium ..... gr. xx

Mix with extract dandelion sufficient to form pill mass and divide into 25 pills. Dose one pill every two or three hours until relieved.

Dr. Eli W. Wight, in an article on "Salicin," December, 1905, Chicago Medical Times, says:

"In my experience I probably have prescribed salicin more often than any other one remedy and I do not now recollect an instance where it failed to do what was expected, except when the form of administration was at fault. As it is perfectly harmless in ordinary doses, it is always safe, and its tonic properties will benefit nearly every case of illness. I believe it to be nearer a cure-all than any other drug. We are sometimes in doubt as to the proper remedy because the symptoms are so obscure that we cannot make a proper diagnosis. The patient principally complains of feeling ill, may or may not have an increase of temperature; pulse normal or otherwise. All these cases are benefited and usually cured by 5 or 10-grain doses of salicin given every

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two hours until the condition shows marked improvement, then every three or four hours.

"In that condition following undue exposure, when it is commonly said the patient has 'taken cold,' salicin will give more pleasing results than any other remedy within my knowledge, and I have prescribed it almost every week for many years, with great satisfaction to my patients and myself. If there is a feeling of fullness or pressure above and between the eyes it may be combined with an equal amount of salicylate of soda and given according to the conditions in 5 or 10-grain doses every one or two hours until relief is experienced, which is usually in a few hours."

Dr. Wight goes on and recommends salicin in puerperal conditions and reports good results from its use in puerperal fever.

Large doses of salicin are of much value in malaria and can be combined with quinine in this condition with good results, especially if there is much pain and when this is the case salicylate of soda can also be used.

Salicin is an ingredient of a good fever and chill cure, which is made as follows:

℞ Fl. ext. gentiana,
Fl. ext. hydrastis ..... aa ʒ iv
Fl. ext. cascara ..... ʒ ij
Salicin ..... gr. xx
Tinct. myrrh comp. ..... ʒ j
Simple syrup ..... ʒ viij

M. Sig.—To keep a chill off give a teaspoonful every hour until six or eight doses are taken, beginning so the last dose will come one or two hours before the chill is due.

Salicin is antiseptic, antiperiodic, nervine and antipyretic. It should be studied more closely, as it is a very important remedy in various diseased conditions.

THE TIDES.—Dr. T. E. Reed, of Middletown, Ohio, claims that if pregnancy takes place when the tide is on the ebb a girl will be the result, and if on the flow a boy. He claims this to be a sure method of controlling sex. Recently he wrote me and told me that up to the present time he had not known this method to fail in any case, and was more positive of it being true than he was when he wrote his book, the "Cyclic Law."

Medical students should study and become familiar with the principles set forth in this little volume. It is invaluable to the accoucheur, also couples rearing a family and desiring to control the gender of their offspring should study this law dominating the sex.

Dr. Reed says that the time to push treatment is when the tides are on the flow, and that no treatment has much influence when they are on the ebb. He claims that all surgical operations should be performed when the tides are on the flow, as they will be more successful when this is done. Labor advances when the tide is on the flow, and if forceps are used it should be when the tides are on the flow.

He claims that death usually takes place when the tide is on the ebb, and that this is the critical time in severe illness.

Dean Spring, Ark.

INSTANTANEOUS DRY HEAT FOR EXTERNAL APPLICATION; ELECTRIC SUBSTITUTE FOR HOT WATER BAG

Dr. De Forrest Willard, of Philadelphia, states that electricity being now in use in nearly all of our hospitals and in many private homes, I have found the following use of the current very helpful. It has the advantage of being instantly applicable, and especially at night it saves much trouble and time in the securing of a hot-water bag.

The ordinary electric bulb attached to a long wire, which is in common use, can be wrapped in one or two layers of cloth and applied directly to the part affected, the heat being readily regulated by the thickness of the folds. At the first symptoms of a chill, during the premonitory creeps down the spine, such a bulb applied directly between the scapulæ is of the greatest comfort, and will often prevent a rigor. It has the advantages, too, that the patient lying in bed can quickly seize it himself as it hangs by his side, and make himself comfortable even before the nurse reaches him.

To the physician also who returns to his office cold and wet, this bulb dropped in beneath his coat between the shoulders, while he sits at his desk, will be the speediest means of making him comfortable. Once tried, it is certain to be repeated.

For local pains in abdomen or chest, and neuralgic pains in the head, it has all the advantages of the hot-water bag and never grows cold.

The bare bulb used as a flat iron is also very helpful in rheumatic pains of muscles, in sciatica, etc. Try it!

As a heat producer after operation; as an application for cold feet, etc., it has the special advantage of quick and continuous service.—*Phil. Med. Journal.*

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Medical Progress

Under this head we endeavor to present a condensed summary of practical medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

CLIMATE FOR LUNG DISEASES

Many physicians are in the habit of sending their patients suffering with consumption and other lung troubles to climates they themselves have not lived in and, therefore, know nothing about, and in this way a location is recommended entirely unsuited for or not at all adapted to such patients.

DISEASES OF WOMEN.

Physicians often tell people that great skill is necessary in order to treat diseases of women. This is an error, for the doctor who uses simple remedies and measures is, as a rule, successful. Women suffer from catarrhal diseases, as a rule, whether single or married and can gain relief by the use of medicated sprays. Inflammation can be better treated by rest than with medicine, is the opinion of some authorities. It is, of course, a well-known fact, that if we can keep the patient quiet, nature will aid. Without it, drugs are often valueless. Of course, surgery is an aid in many instances such as lacerations of the cervix and the removal of tumors, or in cancer, but such cases are generally taken to the hospital and treated there. Peritonitis and other inflammatory conditions are common, and have been spoken of often enough. To be progressive, study them.

CUTS FROM WIRE AND GLASS.

Just why cuts from wire fence, tin and fragments of bottles should be so unusually painful has never been satisfactorily explained to us. Of course, the bottle may have contained irritant substances, or some ingredient likely to intensify inflammation. At any rate such injuries usually exhibit a disproportionate amount of aching pain. Perhaps the chances for infection are greater and the raggedness of the superficial cuts involving so many nerve terminals has much to do with it. Thorns produce similar painful lesions. Those who have been punctured with thorns of the crataegus family or the honey locust, will readily recall the unusual suffering experienced. Rose thorns, to a less degree, and cactus spines, with their recurrent barbs, inflict painful sores, less painful, however, than the first named. For these cuts, tears and punctures, the following is an exceedingly useful application: Specific calendula, specific baptista, specific echinacea (or echafolta) aa ʒ j; glycerin, distilled water, aa ʒ j. Mix. Sig. Apply by means of compress either full strength or diluted with water as required.—*Eclectic Review.*

WHOOPING-COUGH.

Reports show that great benefit has been obtained from the use of a spray, such as the following:

℞ Tct. belladonna	m. x	
Ammonium bromide	ʒ ½	
Listerine	ʒ j	
Aquæ	ʒ vj	M.

The child should be taught to inhale the spray deeply and slowly. The atmosphere of the room may also be kept moist and aseptic by frequent spraying, or some of the solution may be placed in a tea-kettle kept boiling over a slow fire.

PRURITUS ANI.

Pruritus ani afflicts the male in 95 per cent. of cases. Dr. L. H. Adler, in the *Am. Rec.*, states that the patients are nearly always more or less neurotic and of a bilious temperament. All exciting causes must be removed, and the patient's habits of life regulated before local treatment is attempted. Every day ʒ j to ʒ ij½ of the following is injected into the rectum: R.—Fld. ext. hamamelis, ʒ j.; fld. ext. ergot, ʒ ij; fld. ext. hydrastis, et tinct. benzoin comp., aa ʒ ij. Upon the first visit, if the perineal skin is dry and tough, the entire surface should be painted with a concentrated solution of silver nitrate (gr. 960—ʒ j aquæ). This may be repeated at intervals of a few days to restore the skin to normal. After this is accomplished the full strength citrine ointment is to be applied daily for the first two or three weeks and thereafter on alternate days or twice a week. This treatment may have to extend over six months or even longer.—*Med. Record.*

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ACUTE RHEUMATISM.

The best remedy for rapid results in the treatment of acute rheumatism is salicylic acid, preferably in combination with soda. If the pain is severe, codein may be given in conjunction with the sodium salicylate. The following is a good combination:

℞—Sodium salicylat. ..... ℥ ss
Codein sulph. ..... gr. vj
Glycerin ..... ℥ j
Tinct. cardamom comp.... ℥ j
Aquæ .....q. s. ad ℥ vj
M. Sig.—Two teaspoonfuls in half a glass of water every three hours.

If the narcotic is omitted, the dose may be repeated every hour for five or six doses. The local application of lead-water and laudanum to the parts involved is often very efficient, especially when there is inflammation and swelling.

Wrapping the affected parts in cotton wool also affords relief.

The addition of an alkali, such as sodium bicarbonate or iodide, to the salicylate is beneficial when the temperature has returned to normal and the swelling is lessened. A little later the salicylate can be discontinued, and the alkalies given until convalescence is assured.

The diet must be regulated in accordance with the digestive power of each individual patient. It is better, when there is fever, to keep the patient on a strict liquid diet, consisting of milk and broths only. The patient should be encouraged to drink as much water as possible. If the bowels are constipated a pill containing the following ingredients may be given every evening:

℞—Massa hydrargyri,
Ext. colocynth. comp.,
Pulv. jalap comp .....aa gr. xx
Ol. menthæ piperitæ..... m. j
M. Ft. pil. No. xx.
Sig.—One pill as directed.—*Medical Bulletin.*

TREATMENT OF WARTS.

Dr. Paul Videbeck recommends that warts be removed by means of electrolysis, after first injecting them with a 4 per cent. solution of sodium chloride. He claims it to be a painless, efficient and cosmetic method, and is of the opinion that previous injection promotes electrolytic action, and the destruction of the tissues is favored by the formation of free caustic soda.

THE CAUSATION OF ACUTE RHEUMATISM.

Dr. L. F. Frissell believes that we must look beyond the common joint affection for a clear idea of this protean disease, which attacks also other tissues—the skin, the pleura, the heart. Granted a point of entry, probably the tonsil (tonsillitis is very frequent in rheumatism), the various conditions vaguely called rheumatic, as well as the typical acute articular attack, seem best explained upon the basis of a blood infection. Assuming such an origin, the localization of the symptoms is readily accounted for by the bacterial embolus or local toxic action. In regard to the nature of the specific organism Frissell presents five possibilities: An infection caused by the ordinary streptococci or staphylococci, with their virulence in some way decreased; infection by a specific bacillus, a mixed infection with bacilli and cocci; an infection with the specific coccus; an infection caused by one of a group of closely allied organisms, probably diplo or streptococci, which cause various grades of arthritis trouble. This last theory, which Frissell favors, reconciles the belief in the specific coccus with the belief in the attenuated pus coccus as the casual agent.—*Med. Rec.*

VARICOCELE.

Some years since I saw an elderly gentleman, sanguine temperament. He had varicocele, till the scrotum was the size of a gallon measure and he could scarcely walk or close the trousers. He was fast being exhausted by the burden. He had tried many things for fifteen years or so. I put him on tablets, zinc phosphide and nux, 1-10 gr., two tablets each meal. After continuing the same for about a year I examined the patient and found no trace of the varicocele, the scrotum was of natural size. The preparation seems to be such a tonic that this man requires it nearly half the year, and he seems to have regained ten or fifteen years of his youth.—*Clinical Medicine.*

INTESTINAL GINGIVITIS DUE TO AUTOINTOXICATION.

In a paper read by Dr. E. S. Talbot, of Chicago, at the recent meeting of the New Jersey Dental Society, the doctor says:

"Many times have I told my patients they were suffering with autointoxication, which required treatment. They would later return with the statement from the family physician that they were in perfect health.

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Had the family physician recognized the tendency to grave disease portrayed in the mouth his diagnosis would have been far different. The patient with interstitial gingivitis due to autointoxication is sick so far as the stomatologist is concerned, although able to come to the office and attend to his duties. He is not sick in the eyes of the family physician, since the symptoms have not markedly manifested themselves constitutionally. When the organs are involved, although interstitial gingivitis be present, it is beyond the province of the stomatologist to treat such conditions. The attending physician should be informed. I have saved patients from an early grave by anticipating a tendency to grave disease avoidable by strict attention to diet and treatment. In other patients, where grave symptoms were observable, I was able to inform the family physician in time to prevent serious result. In a few it was impossible to prevent rapid progress of disease already well advanced when they came under notice.

"There are people in their graves who might be alive and well had they changed their methods of living when requested to do so. Club life and fast living have carried many a man and woman to an early grave. More people are injured by overeating than by overdrinking."

HYDROGEN PEROXIDE AS A DEPILATORY.

According to Dr. P. Gallois, hydrogen peroxide affords a simple, harmless and painless means of removing superfluous hair. A piece of cotton is wet with the solution, and applied to the region to be treated and left in place for several minutes. The procedure is repeated daily until the desired result is obtained. The hair gets lighter and lighter in color, and finally disappears. Of course, the hair follicles are not destroyed, so that the hair will grow again, necessitating another course of treatment.—*Nouv. Rem.*

THE TREATMENT OF THE ONSET OF FEVERS.

In a paper read by Dr. T. M. Burns, of Denver, before the Gross Alumni Association he states: As the following method has given me such results in the treatment of the onset of fevers in general, I thought it advisable to present it to this society.

It is my custom when called to a case in which there is present considerable fever, *i. e.* a temperature about 102, to give the following direction:

1. An enema of two or three quarts of water (see my articles in the Denver *Medical Times* for "Vaginal, Uterine and Colon Irrigation").

2. A full bath, as warm as the patient can comfortably stand. A cold cloth should be placed on the patient's forehead to prevent a "rush" of blood to the head. A half an ounce of baking soda or a little mustard should be added to the water to lessen the dangers of "taking cold," or at least relieve the friends' or patient's mind of such danger. Patients rarely catch a "cold" when they have a temperature of 102 or more. If the patient is very weak, wring out a blanket in hot water and wrap the patient in it until profuse sweating is induced. After the bath have the patient wrapped in a dry blanket and placed in bed.

3. Then give the patient three or four glasses of hot lemonade to increase the perspiration (In difficult cases, *i. e.* where patients do not perspire easily, pilocarpin in small doses, gr. 1-20—1-10, may be used once or twice, per orum or hypodermically, if the person is an adult and strong.) After the patient has been perspiring freely and the sweating begins to subside, carefully and repeatedly wipe the patient dry, using the towel under the blanket so as not to expose the patient to the air. The nurse should be warned to see that after the sweating stops the coverings are warm enough, especially for the early morning hours. She should get up about 3 A. M. and note the patient's condition.

4. A hydrogogue cathartic should be given shortly after your visit, *i. e.* before anything else. Phosphate of soda is probably to be preferred to Rochelle salts or compound licorice powder, as it acts more effectually upon the liver. If the lemonade is not given calomel, gr. ss-ij, should be prescribed at once and followed by Rochelle salts or licorice powder.

5. If the fever is about 103 prescribe the following at once. (If the temperature is less you can prudently wait until the next day before doing so.):

℞—Tr. aconite .....m. iij-vi
Spt. ætheris nitrosi,
Liq. ammonii acetatis.....aa ʒ ss
Aquæ q. s. ad..... ʒ ij
M. Sig.—Teaspoonful every hour when fever is high.

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THE OPHTHALMOSCOPE AS AN AID TO THE GENERAL PRACTITIONER.

Dr. Clarence P. Franklin discusses some of the conditions which in the practice of the family physician call for knowledge of the use of the ophthalmoscope as an aid to diagnosis. He calls attention to the fact that a conservative estimate attributes 40 per cent. of all headaches and 80 per cent. of frontal headaches to eyestrain. From this it can be seen how important are accurate diagnoses of existing ocular anomalies. Abnormalities of the eye are far more frequent than are normal conditions. The true role of the ophthalmologist, according to the writer, is not only to cure or relieve abnormalities, but to detect the first point at which his special work stops and that of the general practitioner begins. The latter can do much to relieve human suffering by familiarizing himself with the proper use of the ophthalmoscope.—*Medical Record*, July 21, 1906.

RHUS POISONING.

A writer in the *Med. Bulletin* says that he has found the use of the following lotion very effcient:

℞—Sodii thiosulphat. ..... ʒ iij
Aquæ ..... Oj
M. Sig.—Bathe the affected parts every half-hour.

MEDICAL CHIPS OF PRACTICAL VALUE.

J. H. Hobert Egbert, in *Merck's Archives*, states that the antipyretic action of quinine may be augmented by combining it with other remedies: 1, which relax the peripheral capillaries, as powdered ipecac and opium; 2, remedies which are antipyretic through action on nerve centers and vasomotor system, as acetanilid, antipyrin, etc., which may be given preferably in liquid form.

℞—Quininæ sulphatis,
Acetanilidi .....aa ʒ j
Arom. elixiris ..... ʒ ij
Syrupi—chocolate—q. s. ad... ʒ iv
M. Sig. One to two teaspoonfuls every four hours.

He also states that the action of quinine is augmented by combining it with other cinchona alkaloids:

℞—Quininæ sulphatis,
Cinchonaæ sulphatis,
Cinchonidinæ salicylatis, aa gr. xxx.
M. Ft. capsulæ No. xxx. Sig. One to three capsules every four hours.

Earache.—
℞—Chloral camph. ..... gr. v
Glycerin ..... gr. xxx
Ol. amygdal, dulc. ..... gr. x
M. Sig.—Apply a little on absorbent cotton and place in ear.—Jour. de Medicine.

Toothache.—
℞—Camphor, vas.,
Chloral hydrat. .....aa gr. lxxv
Cocain hydrochlor. ..... gr. xv
M. Sig.: To be introduced into the tooth cavity.

Cardiac Hypertrophy.—Dr. Hare advocates perfect rest; moderate amount of non-stimulating foods—no wines or coffee; inunction of small amounts of veratrine ointment or application of belladonna plaster over pericardium if heart's action very excessive; aconite or veratrum viride internally.

For Diarrhea of Phthisis.—
℞—Bismuth subnit. ..... ʒ j
Pulv. acacia ..... ʒ ss
Magnesia ..... ℈ j
M. Divide into xij powders.
Sig.—One powder every four hours.

Gargle for Follicular Tonsilitis.—
℞—Beechwood creosote ..... m. viij
Tinct. myrrh ..... ʒ ij
Glycerin ..... ʒ ij
Aqua ..... ʒ iv
Dr. Levy.

Varioloid.—In smallpox modified by vaccination the eruption is rapid and scanty. It may even be absent or confined to the hands and face. There is slight initial, but no secondary fever, and seldom scarring. The lesions are horny by the fifth or sixth day in "wart pox." Shoemaker advises a laxative and diaphoretic mixture during the initial stage; a chalybeate tonic after the disease is well established.

Infant's Food.—A good food for infants can be made of: Oatmeal, one part; wheat flour, one part; barley flour, one part. If mixed with milk it will nourish and fatten.

Tonsilitis.—
℞—Formalin ..... m. xx
Boro thymoline .....ʒ j
Aqua menth. pip.....ʒ iiss
Glycerin ..... ʒ ss
M.—Use as a gargle every two hours.
Dr. Balvens.

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WHOOPING-COUGH.

Dr. W. F. Milroy, Omaha, Neb.—It has usually been possible in my practice to trace every case of whooping-cough to a pre-existing case. I regard the disease as of germ origin, but whether primarily of the respiratory or of the nervous organization I do not know. I have not found that pre-existing throat or chest troubles predispose to the disease. Usually the persistence of a cough uninfluenced by ordinary remedies, together with the history of exposure, serves to diagnose pertussis. Fever is by no means always present, and the auscultation signs are those of simple bronchitis. The paroxysmal coughing is undoubtedly of nerve origin. I have never had any deaths from whooping-cough, and my observation is that an attack confers immunity from further infection.

The general factors of my treatment are hygiene, fresh air, good food, avoidance of imprudent exposure by sufficient clothing, avoidance of constipation, etc. I seldom find it necessary to use any drugs; rarely a little antipyrin. I never saw nephritis as a sequel, and take no special measures to prevent it. Nor have I seen any permanent after-effects, except once, in a male, an inguinal hernia.

Dr. E. R. Zemp, of Knoxville, Tenn., in an article on the subject of whooping-cough, says that it almost invariably occurs as an epidemic. I cannot recall a single case occurring in my practice that was not preceded, and succeeded, by many others in the same locality. As exposure to this disease is all that is necessary to contract it the influence of bad hygiene is hard to estimate. Whooping-cough is a contagious disease, and I believe a germ disease, but just what germ is the cause of it I will not venture my opinion. As to whether it is a disease of the respiratory, or nervous system, I will say that it is both. I mean by this that in order to produce the phenomena known as whooping-cough it is necessary to have a highly sensitive area somewhere along the respiratory tract, and, second, there must be a local irritant coming in contact with this highly sensitive area. The sensitive spots may be situated in the nose, larynx, trachea or bronchi. The tenacious plug of mucus is the exciting substance. Undoubtedly, though, the entire nervous system is keyed up to a very high pitch. I do not think it can be said that any condition of body predisposes to whooping-cough for the simple reason that the child who is perfectly well and robust contracts the disease as readily as the one who is sick. But the health of the child markedly influences the course of this disease.

The diagnosis of whooping-cough in its earliest stages is at times very hard. The following symptoms lead me to suspect it: The child has a cough that does not yield to the ordinary remedies. It gets progressively worse. Eating excites it and the child generally vomits. The usual signs of bronchitis are absent. You will also notice that the cough, unlike that accompanying bronchitis, occurs spasmodically. If a history of exposure can be obtained the diagnosis is clear.

Fever is not a constant symptom in whooping-cough. When there is a sharp rise of temperature it is probably due to some complication. Auscultation gives negative results early in the disease. Later what we hear depends upon the complications. The most frequent nervous condition is convulsions. One attack of whooping-cough certainly confers immunity from a second attack. I have never seen an exception to this rule, admitting that they may occur. Death from whooping-cough rarely occurs except in young infants. The mortality in my cases has been very low. Those that died were infants suffering with bronchopneumonia as a complication. Quite a large number of my cases had albumen in their urine, but I do not regard this as a nephritis. It is probably caused by changes in the circulation of the kidneys. A mild form of conjunctivitis is often present, but requires no special treatment outside of cleanliness.

Treatment: First plenty of fresh air. In the summer I keep my patients outdoors and in the winter ventilate the room freely. This I believe to be the most important point in the treatment. Regulate the diet and give a small quantity of food at frequent intervals, because a large amount will surely be vomited. The child's clothing should be appropriate to the season. A daily bath is refreshing and helpful. A daily movement from the bowels should be obtained. This sums up my general management.

As a rule the paroxysms do not require special treatment, but when they are very severe I direct the attendant to pour a few drops of chloroform upon the hand and hold it near the child's mouth. As a routine procedure I annoint the child's chest and throat with camphor liniment saturated with iodine, and give the following prescription:

℞ Potasii catratis 3.00
Syr. ipecac 8.00
Syr. acidi hydriod..... 16.00

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Aquæ cinnamomi .....q. s. 96.00
M. Sig.—Teaspoonful in a little water. every two or three hours. (For a child one year old.)

Three or four times during the twenty-four hours I have inhalations of steam saturated with oil of eucalyptus administered to the patient. This can be carried out in a number of ways, and is continued for ten or fifteen minutes at each sitting. The drug, above all others, that I rely upon to diminish the frequency and severity of the paroxysms is antipyrin. I generally add to it a little bromide of sodium, regulating the dose of each to suit the child's age. I have never seen any bad effects from these two drugs when used carefully; on the contrary, their effect is very pleasing in a large number of cases. If complications arise the above treatment would have to be modified to suit the individual case. I have never been able to get the results from belladonna that others seem to get. In small doses it has had no effect, while large doses have made my patients more uncomfortable than they were without it. It dries up the secretions, making the cough harsh and tearing in character, and makes the expulsion of the "tenacious plug" a very difficult matter—something we should avoid.

Your communication caught me right in the midst of my college examinations, and, as you know, the registrar has his hands full at this time. However, I appreciate the usefulness of "Around the Table" so much that I stop my work to send you this very imperfect contribution.

TREATMENT OF SCARLET FEVER.

Dr. D. R. Lucy, of Denver, Colo., in the *Denver Medical Times,* says: I first give hydrarg. chlor. mite gr. 1-10 every hour until gr. 1 has been given. This allays vomiting and unloads the intestinal canal.

If the rash is not fully developed I give the patient a hot mustard bath. This has the effect, not only of bringing out the rash, but also has a sedative effect upon the nervous system. The diet should consist of milk, broths, etc. Water should be given freely.

For the throat lesion I use equal parts of hydrogen peroxide and water, applied every two or three hours, depending upon the severity of the local symptoms. The posterior nares I clean with a solution of boric acid, using for the purpose a soft rubber ulcer syringe.

About the second day I use this prescription for a child of about six years old:

℞ Tr. ferri chlorid..... ʒ ij
Potass. chlorat. ..... ʒ j
Glycerin,
Aqua, aa. q. s. ad..... ℥ iv
M. Sig.:—Take one teaspoonful every 2 hours.

Later, as a routine treatment, I give Basham's mixture, keeping it up through convalescence.

To control the fever I give small doses of antipyrin in solution, which, however, I do not keep up long. Also the application of an ice bag to the head is beneficial.

For otitis I have the ears irrigated with a solution of boric acid, twice daily, using a fountain syringe. The swollen glands I have very rarely had to treat. When necessary, I use an application of camphorated oil, on cotton or woolen cloth. Should kidney complications develop, which in my experience is extremely rare, I should put the patient in a hot pack, give small doses of pilocarpine, and brisk cathartics.

In very serious cases, where a semi-comatose condition with extreme depression is present, I give strychnine, caffeine hydrochlorate, and whisky; also high enemas of hot water. This latter procedure will also show if the patient's kidneys are functionating, as he will then urinate.

Where convulsions and death occur during the first four days, it is due to extreme septicemia, which condition must be looked for and combatted. Hence the prognosis should always be guarded. After convalescence and the case is ready for dismissal, the ears should be carefully examined.

HYDRASTIS CANADENSIS IN CATARRH.

In affections of the nose and throat hydrastis is a valuable local agent. It acts as a substringent tonic to the parts to which it is applied. Simple catarrhal, follicular or granular pharyngitis is often cured by it, as also are syphilitic ulcerations of the naso-pharyngeal passages. The colorless hydrastis has a beneficial effect in the various forms of sore throat, rhinitis, and also ulcerated or aphthous varieties of tonsillar, pharyngeal and retro-pharyngeal catarrh. Subacute and chronic naso-pharyngeal catarrh where the mucous membranes are dry and parched, the secretions being altered in quantity and character, is cured by it. In catarrhal hypertrophy, with profuse discharge and thickening of the Schneiderian membrane, this preparation is without an equal. It should be somewhat diluted, and is never the remedy for active inflammatory lesions.—*Medical Times.*

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Notes and Queries.

FOR this department we cordially invite questions, comments and criticisms on all topics of interest to the physician in his daily work for the relief of the sick, thus making the Summary a valuable medium for intercommunication between the medical profession.

Correspondents will give their names and addresses, but initials only will be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

A GOOD COMPOUND FOR MALARIA.

EDITOR MEDICAL SUMMARY:

The following is a good compound for most all cases of malaria:

℞—Quinine ..... gr. lxxij
Acetanilid ..... gr. xlviij
Capsicum ..... gr. xxiv
Caffeine,
Leptandin ..... aa gr. xij

M. Sig.—Divide into 24 doses. To keep a chill off, give one dose every two hours until four doses are taken; beginning so the last dose will come about two hours before the chill is due. At other times give a dose every three or four hours, as needed.

Quinine is an antiperiodic of known value and no one who has used it in malaria will deny its great value.

Acetanilid will cause quinine to act quicker, when combined with it, besides it prevents headache, nervousness, etc., that is often produced by quinine. It is well known to the SUMMARY readers that the late Dr. Ben. H. Brodnax used acetanilid in 5 to 10 grain doses about 20 minutes before chill time to abort it.

Capsicum is a powerful stimulant. It has been used to keep off congestive chills. Most all who have practiced in malarial districts know the value of capsicum. It will make quinine act much quicker and increase its antiperiodic effect. A very much smaller dose of quinine is sufficient when combined with capsicum.

Caffeine assists the action of other remedies in this compound. It sustains the heart, assists the acetanilid in relieving pain and prevents all untoward effect that is likely to be produced by the acetanilid in any case. It is a well-known fact by many country people that hot coffee drank freely just before chill time will keep a chill off.

Leptandrin will increase the antiperiodic action of quinine and arouses the liver, which in all cases needs arousing. Many authors speak of leptandrin as an antiperiodic and of its value in malarial fevers. The late Dr. M. C. Keith used the following as an antiperiodic: Leptandrium (not leptandrin, the concentration), one ounce; capsicum, 25 grains. This to be boiled in three pints of water 20 minutes, then filtered and sweetened. Dose, three tablespoonfuls every half-hour, commencing three hours before the chill.

If any physician will give this formula a trial he will find it to be reliable in most all cases where an antiperiodic is needed.

If desired 12 grains of salicin can be added to the formula, which will increase its antiperiodic effect, and act more favorably on the nervous system.

If desired, 12 grains of salicin can be added into 48 doses and used as follows to keep a chill off: Give one dose every hour until six or eight doses are taken, beginning so the last dose will come one or two hours before the chill is due.

These small doses will be sufficient in most cases.

JOHN ALBERT BURNETT, M. D.
Dean Spring, Ark.

DISEASED MEAT.

EDITOR MEDICAL SUMMARY:

When such distinguished men as Dr. Henry G. Piffard become alarmed at the adulteration of food and sale of diseased meat to the American public it is time to sound the alarm and take measures to caution the people not to eat any canned goods at all.

Dr. Piffard is an authority on skin diseases, and feels convinced that many of them are caused by or augmented by impure or diseased food products. Pure food makes good healthful blood.

Read what he says, and caution your patients against the use of such rotten stuff.

Remember that the poisoner is not always the one who gives mineral substances, that the worst criminal is one who kills infants with watered milk and adults with diseased, rotten and putrid meats, covered up with sauces or impregnated with charcoal or salicylic acid.

"A hard blow was struck at the pie in the

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Sinclair Packingtown revelations when the charge was made that bad eggs were deodorized and made into a mixture sold to bakers and confectioners for the manufacture of pie crust.

"Dr. Henry G. Piffard, of New York City, one of the Robert B. Roosevelt committee which aided in bringing about the Congressional investigation of the "embalmed" beef during the Spanish war, declared that an investigation and analysis would prove that the interior of most pies sold in New York City would be found to be other than what they are now supposed to be.

" 'The bakeries,' said Dr. Piffard, 'are supplied with pie fillings from the pie manufactories. I have myself seen cartloads of apple pomace unloaded at the back doors of the pie plants in this city. This pomace is nothing but the shred of the apple, what is left when the last drop of the fruit has been wrung from it. I have seen farmers use it for fertilizer because their hogs would not eat it. Pomace of apples and other fruit makes the body of the pie filling, especially in mince pie, and flavoring does the rest.

" 'I am interested in the question of food adulteration, not especially in any one branch. Food, almost all kinds, is adulterated here, and although some of the adulteration is harmless, the result is that we are made to pay for something we do not get.

" 'A great percentage of beef juice used by physicians, for instance, is glucose, and not beef extract. Many drugs are adulterated just to make more money for the makers of them. Strawberry jelly sold in jars is often not strawberry jelly at all, but a mixture flavored with strawberry.' Even the seeds supposed to be from the strawberry are fake seeds.

L. G. DOANE, M. D.

New York City.

TREATMENT OF LUMBAGO.

EDITOR MEDICAL SUMMARY:

In an article on lumbago in the January, 1906, number of the *Eclectic Medical Journal*, Dr. W. S. Bogart considers equal parts of specific arnica and macrotys (cimicifuga) a sure cure for lumbago from any cause. He gives it in four to eight drop doses every hour.

In an editorial in the March, 1906, number of the *Eclectic Medical Journal* on hydrangea, Dr. Mundy says:

"Backache, or lumbago, is quickly relieved by it. We use it in combination with macrotys and potassium acetate. This is one of our few stereotyped prescriptions."

Dr. A. E. Baker, of Winterport, Me., read my article on lumbago in December, 1905, issue of THE SUMMARY, and wrote me as follows:

"Your article on lumbago in the December number of THE MEDICAL SUMMARY is quite interesting to me. Have you ever used static eclectricity in lumbago? It is by far the best thing I have ever used. It relieves quicker and more permanently than anything else. If your patient is able to come to the office you can knock his lumbago flying with a few treatments. Generally the first treatment will relieve him quite a little.

"I have a 'Columbia' static machine, and it is quite a help to me."

Dr. Baker's letter was interesting and instructive to me, and I think will be to many others.

Eclectricity should receive more attention in the treatment of chronic diseases. It can be used alone or in connection with internal and external remedies.

J. A. BURNETT, M. D.

Dean Spring, Ark.

PREVENTION OR CURE, WHICH?

EDITOR MEDICAL SUMMARY:

The man capable of preventing a disease is greater than the one curing it, because in so doing complications are avoided. Thus the sanitary engineers, by incorporating sewers and establishing drainage do away, to a great extent, with disease and its complications.

Vaccination has saved many lives; antitoxin a few and bathing many more. Prevention is better than cure. Of all diseases, gonorrhea is the most dangerous, not because the disease is incurable, but owing to the complications which destroy life.

An ignorant and careless and unfaithful husband contracts the disease and infects his wife, who may poison their offspring and produce ophthalmitis, or, perhaps, light up in the pregnant woman endomitis, something not easily cured, causes loss of time, and indirectly, expense. Drainage and sewerage have done much to prevent the fevers; filtering of water a great deal more, and pure, dry air and rest still more. All are agents and beneficial to humanity. A tired, poorly nourished man is a bad patient to treat; an unclean one worse, but one who is tired, not nourished and dirty will try the patience and discourage the doc-

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tor more than is supposed. Gonorrhea is an example of the filth disease. The gonocoocus flourishes and thrives in the filthy urethra, after introduction or infection; its complications are many and the results often fatal.

It can be prevented, but not by injections, but by the presentol tube, which contains protargol, in the form of an ointment, and is convenient and safe. The object of all treatment is to do away with the inflammation incidental to the disease, for from it many severe complications are produced notably:

1 Rheumatism;
2 Epidydnitis;
3 Ophthalmia;
4 Strictures;
5 Sterility and many others.

Syphilis will, in time, cure itself; will "run out," as they say; not so with gonorrhœa, for it is liable to reinfect the patient, many times.

Men are walking the streets to-day who imagine themselves cured. The first act of excess, or lapse from temperance, or sexual copulation, brings about the disease and they abuse the woman, and not themselves. The *relapse* is the result of the original attack.

Moralists may teach and preach, but the sexual appetite must and will be gratified. It is therefore imperative for us to prevent when we are able, and cure if our efforts prove futile.

L. G. DOANE, M. D.

New York City.

ELECTRICITY—A GOOD SUGGESTION; WHO WILL TAKE IT UP?

EDITOR MEDICAL SUMMARY:

I am pleased to see that THE SUMMARY maintains the standard of excellence that induced me to subscribe some years ago.

I noticed some articles on static electricity in your paper and have been patiently waiting for more. As you are in the medical center of America could you not get some specialist to contribute a series of articles on static electricity? I think they would be appreciated by a large number of your subscribers. It is a subject that I think I am safe in saying not one in 1000 M. D.s know anything about. It is a subject that has not been systematically treated by any writer on Medical Electricity that I am aware of. It would be a new feature in your journal and would contribute to maintain its reputation as a journal of anvanced medical science.

The subject would have the flavor of freshness about it in contrast with many articles that appear on hackneyed subjects that form a large part of the reading matter of nearly every journal you pick up. These are only a few of the many reasons which no doubt will occur to your mind and which will induce you, I hope, to consider my suggestion favorably.

W. F. P., M. D.

Port Arthur, Canada.

[The doctor in the above communication certainly makes a good suggestion and we wish that, should this meet the eyes of any who have had ample experience with static electricity in the treatment of disease, that they will not hesitate to write out some of their experiences, favorable or unfavorable, with static electricity. It is an important subject, and doctors generally should know more about it.—ED.]

THE MOSQUITO "THEORY?"

EDITOR MEDICAL SUMMARY:

The article in your May number on "The Pestiferous Mosquito" contains so many misstatements and is so false in its logic as to deserve some serious refutation. In so far as the article mentioned and a previous one by Dr. Taylor, of like tenor, express the honest skepticism of their authors, they are entitled to a candid hearing and a courteous reply. At the same time these articles do not show the true scientific spirit; they appear more desirous of tearing down than of building up. In short, a lamentable ignorance of some of the cardinal principles involved is manifested and there is too much appeal to an individual experience where it seems to conflict with well observed and recorded scientific data. It will be my endeavor, therefore, in this paper, to supply the proper antidote and to direct these objectors' inquiries and thoughts into authentic channels of information.

The writer of the Mexican article can never have dissected a mosquito nor even have made a microscopic preparation of its proboscis; and unless he has done so successfully I hold that he is incompetent to deny said mosquito's agency in transmitting disease! He calls the doctrine of mosquito transmission "preposterous, false, illogical, irrational and untenable," and forthwith shows his lack of knowledge of the mosquito's mouth-parts by saying: "Sure a hungry mosquito will never evacuate into his fresh food supply ere his appetite is gratified, and he cannot subsequently unless he has an anal exit at the head, independent of his feeding apparatus, and my scientific (?) correspondents affirm that he is

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not thus provided." Everyone is familiar with the fact that the mosquito, after sucking a definite amount of human blood, does, without removing her proboscis, inject a certain amount of salivary fluid; and that this saliva is irritating to the human skin and sometimes in considerable degree. I have seen wheals three inches long by one inch wide from a single mosquito bite in a susceptible individual. Now the doctor could have saved putting himself in this undesirable light and have understood *how* the mosquito infects mankind and becomes itself infected if he were familiar with the writings of Sir Patrick Manson—to quote but one writer on tropical diseases. It was my privilege to hear this discerning and masterly scientist lecture on malaria and other tropical disorders in August last, and these "Lane Lectures" were published about Christmas, 1905. At page 80 of this volume he would learn that it takes at least three weeks for the embryo filaria to develop within the mosquito, and on page 81 he would find two photographic illustrations of the position which the filaria takes in the proboscis of the mosquito awaiting the opportunity of a bite into the human skin to effect its own entrance into the human body. He would then clearly see that there is no occasion whatever for "an anal exit at the head" of a mosquito—nor is there one—and he would also learn that the parasite in the proboscis of the mosquito effects its own escape from the insect. It would further appear that the life of the mosquito extends far beyond "nine days." Another skilled observer's statement about the span of the mosquito's life is:

"A contaminated mosquito which had never been allowed to bite after its contamination lived at room temperatures upon sugar and with a provision of water five months (from August to December, 1902). In their natural condition, however, even without taking into consideration their numerous exposures to violent death, I imagine that the yellow-fever mosquito seldom lives beyond forty or fifty days in the summer season."—C. Finlay.

So much for the claim "that the average life of the stegomyia filled with blood, or even hungry, is nine days."

In point of fact we know that the female mosquito, like the female wasp, lives in secluded and protected positions all through the winter and early spring.

To quote again from "The Pestiferous Mosquito": "Once filled with blood the stegomyia never again attempts to bite a new victim." This assertion is not true in fact and analogy also refutes it. Thus, page 97, of the Lane Lectures (Manson): Set one of your mosquitoes, some ten or twelve days after it has fed on the crescent-containing blood, to bite a man who has never had malarial fever." In order to contain crescents the mosquito carrying them must have previously bitten a human being. So much for analogy. The best direct evidence is contained in Dr. Carlos Finlay's article in the *Reference Handbook of the Medical Sciences,* Vol. VIII, revised edition:

"The shortest interval between two successive bites, when the insect (the stegomyia) has had a full meal of blood, is forty-eight hours in the hot season, but when the temperature is cool the interval may extend to five or six days. Dr. Carroll applied to his own arm a mosquito which had bitten four yellow-fever patients (two of them severe cases), two, four, six, twelve days before the inoculation." The mosquito just mentioned is "the day mosquito of Havana (stegomyia fasciata) in which I had observed certain peculiarities in the manner of its laying its ova and in *its readiness to renew its bites* whenever the digestion of a previous meal of blood had been completed." This is the statement of an original observer. "The original finding of the army board that . . . experimental attacks of yellow fever can be produced almost at will has now, therefore, been established beyond the possibility of a doubt." Such is a portion only of the direct evidence.

What is important for the doubting or skeptical reader to remember are the following cardinal propositions which are well proved facts:

First, there are several hundred species of mosquito in various parts of the world, but of all these only three or four are known to convey disease from one human being to another, the anopheles being the transmitter of malaria in all its varieties ;the stegomyia, of yellow fever; culex (fatigans), of filariasis. Second, the experiments of Drs. Reed, Carroll, Agramonte and Lazear, in Cuba, in 1898, were conducted with the highest standard of scientific exactitude, and the results were so convincing that they can not be overthrown. The facts established by them are these: Yellow fever is not transmitted by fomites, but by a mosquito which, so far as known, is invariably the stegomyia; at any rate these are the natural conditions; next the germ of yellow fever is present in the blood of the patient during the first three days of the disease; third, after about twelve days, and upwards

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in stegomyia the yellow fever germ, when implanted by the said mosquito into another human host, is capable of reproduction, so that at the end of a further period of about three days it has established itself throughout the blood, is causing the violent reaction the clinical manifestations of which we call yellow fever, and is once more in a condition to reenter the mosquito. These are great etiological facts." (Manson). Yet these great facts are called by the Mexican contributor "preposterous, false, irrational, untenable." But—these propositions were rigidly demonstrated and of the work which furnished the demonstration, Mr. Manson has this to say: "I cannot pass on, however . . . without a word of admiration for the insight, the energy, the skill, the courage, and withal the modesty and simplicity of the leader of that remarkable band of workers. If any man deserved a monument to his memory, it was Reed. If any band of men deserve recognition at the hands of their countrymen, it is Reed's colleagues." Yet against these men is cried out: "False, illogical!" Dr's. V. N. Taylor, R. Gray et al. should remember the parable of the knights at the cross-roads who disputed as to whether the shield of the figure before them was of gold or of silver. Truth is always unchangeable; but it sometimes presents different aspects according to the point of view. The transmission of disease by the mosquito is not a 'theory' but a demonstrated fact. If now Dr. Taylor or Dr. R. Gray can demonstrate any other facts in relation to yellow fever let us have them, but not bald assertions. If it can be proved that some other agency than the stegomyia can carry the germ of yellow fever (or even of malaria) let us know it. Such demonstration will not destroy the facts which we now know but only enlarge them.

EDWARD GRAY, M. D.

Eldridge, California.

FOR BURNS AND STINGS OF INSECTS.

EDITOR MEDICAL SUMMARY:

Thinking, perhaps, your readers might be interested in a drug which at least merits a more than passing notice in burns and scalds of a superficial character, I will mention in this connection the fluid extract of populus monilifera. I had the misfortune to burn my fingers recently, and, not being at my office at the time the only thing I had at hand that might suggest itself as a temporary relief was fld. ext. populus monilifera, and so I applied it, and, my goodness, how it did help it to smart for about five seconds, and then, to my own surprise, the pain ceased. Some time afterward I had a little patient about 10 years old who burnt her hand and fingers quite severely, and when I reached her she met me with the heart-rending appeal usually elicited by that character of pain: "Oh, doctor, do relieve me of this terrible pain!" I hastily had the populus monilifera applied, and was gratified to see my patient obtain prompt relief. If I should devise a formula to keep on hand to relieve burns, scalds, mosquito bites, bee stings and other insect insults, I would write about this way:

℞—Fld. ext. populus monilifera ʒ ij
Oil menthæ pip. ..... ʒ ss.
Alcohol .... ʒ ij
Tr. aconite ..... ʒ j

M.—Drop the oil into the alcohol and dissolve before adding to the fld. ext., then add q. s. aqua three ounces.

Sig. Apply at frequent intervals till pain subsides. Also, this will be good for all kinds of bites and stings of insects, even including spider bites. There is another thought in connection with this drug which I wish to call attention to, i. e.: Its positive usefulness in inflammatory conditions of the tonsils. Just use as a gargle frequently; use the full strength fluid extract, or, perhaps, to improve it some, we might give the following:

R—Fld. ext. populus monilifera. ʒ ij
Echinacæ aug.,
Fld. ext. hydrastis .....aa ʒ iv

M. Sig.—Use as gargle frequently; also it will be well to swallow as much as a half-teaspoonful every hour or so. Your readers will call to mind that I wrote about the wonderful therapeutic effects of this drug, in swamp fever and other malarial manifestation in THE SUMMARY some time ago, and while I may say that I may over-rate it a little, I find more use for it every year. I should be glad to hear from the readers of THE SUMMARY, if they have had any experience with the drug.

W. M. ALTER, M. D.

England, Ark.

FOR TOOTHACHE.

If your cocain, chloroform, carbolic acid, clove oil, etc., etc., fails to give relief first cleanse the cavity with peroxide of hydrogen. Acetanilid in five grain doses seldom fails to relieve neuralgia.

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ACIDS OR ALKALIES, WHICH?

Editor Medical Summary:

It strikes me that physicians, when prescribing, do not pay enough attention to chemical action, as to whether acids or alkalies are indicated. Fifty years ago, alkalies were administered in fevers, diarrhea, dysentery, rheumatism, etc., except perhaps, that nitro-mur. acid and atromatic sulph. acid (elixir vitriol) were sometimes employed, but without a definite idea as to the reason.

It was a grand discovery, when salicylic acid came into use for rheumatism and allied complaints, but those who used it had but a vague idea why it cured or why it benefited some cases and failed in others. Citric acid had been known to cure some cases of rheumatism, but why did not seem to be understood.

I have been prompted to write this article from a recent illustration as to what acids will do in certain cases. A young soldier from this city, who went to the recent encampment at Gettysburg, tells this: That three days after his arrival there he was taken with sickness at the stomach, severe cramps and diarrhea. His captain called the surgeon, who advised him to go to the hospital at once. But the soldier demurred and said: "No, I will not go there till I use some medicine my father gave me, and said if I got sick at the stomach, cramps or diarrhea to take it." He handed the vial to the surgeon, who tasted the medicine and said: "This is poison; don't take it." The soldier said: "Our family has used it for several years, and none of them has been killed with it." The surgeon reprimanded the soldier for his obstinacy. However, the soldier took the medicine, as his father had directed, and gave it to two of his comrades, who were likewise affected. Three or four doses cured them all, and by taking one dose a day they had no more trouble during their stay in camp. When the surgeon saw how quickly the soldier recovered he apologized to the captain for being somewhat harsh to the boy.

This sickness was attributed to bad water, which, no doubt, caused indigestion and a bilious condition. *An acid was indicated, and it filled the bill.* The medicine the soldier's father gave him is described in King's *American Dispensatory*, under the name of *white liquid physic.* It is an old remedy, and was formerly used, in tablespoonful doses, for a cathartic, but I do not use it for that purpose. I usually give it in doses of a teaspoonful in a tumbler of water. It is plus acid. I use it in all conditions attended with manifestations of biliousness—yellow or brown coated tongue, vomiting of bilious, bitter-tasted matter, and all diarrheas caused by a bilious condition. I have used many gallons of it in the last twenty-five years.

With eclectics, the approved remedy for dysentery, cholera morbus, cholera infantum, etc., under the impression that they were caused by an acid condition of the stomach or some part of the alimentary canal, was *neutralizing cordial;* but this, I beg leave to say, is not always the case. When there is a *bilious condition, neutralizing cordial is worse than useless.* The following illustration is apropos: Many years ago there was an epidemic of dysentery in my bailiwick, attended with several fatalities. In my daily rounds I passed by the residence of one of my patrons and someone would come out to inquire about the sick in the neighborhood. One day, when passing, the man came out and said: "Doctor, we have *the flux* here, two of the children took it last night." I expected to be called, but was not. Two or three days after, as I again passed, he said: "Two more of the children are down with the flux, and wife and I are doctoring them." Some two or three months after, as I passed the house, I saw the woman, and she alluded to the sickness they had passed through, and said: "We doctored them ourselves and they all got well. You doctors can't say that much!" I said: "What did you give them?" She replied: *"Vinegar and salt and mullein tea,* and every night or two a good big dose of *castor oil."* It was the vinegar (acid) that did the work, and yet I did not see the reason why, until I read Scudder's *Specific Diagnosis,* twenty years after. I remember one case of chronic diarrhea that was cured permanently by three doses, taken in one day.

My usual way of giving it in bilious conditions is a teaspoonful in a tumbler of water, after meals, and often combine it with other remedies, especially in tonic mixtures. In cholera infantum, attended with vomiting, when neutralizing cordial or alkalies fail, I change to this remedy, and seldom fail to get good results. Ten to fifteen drops in water every two or three hours is about the proper thing for children. I have known one dose to check the most persistent vomiting.

The indications for acids, alkalies, neutral salts, sulphites, etc., are fully described in Scudder's *Specific Diagnosis.*

It seems that the profession has never

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thought, on right lines, in regard to the use of acids or alkalies, and the indications which point to their right use. I would not practice medicine, with the knowledge I have gained by hard work and now possess, without the use of this or some remedy synergistic to it. Many times I have controlled the most persistent vomiting of cholera morbus by the employment of *vinegar and salt!*

Reader, do you see the point?

J. R. BORLAND, M. D.

Franklin, Pa.

PARAPHIMOSIS—IT'S REDUCTION.

Editor Medical Summary:

In a paraphimosis requiring reduction the difficulty encountered is to relieve the constriction posterior to the glans caused by the narrow orifice of the prepuce which has been retracted to this point.

This contracted and tight constricting band must in some manner be brought back to its normal position at the extremity of the penis. The theoretically ideal way to do this would be to catch hold of the prepuce at this point of constriction and draw it forward to its place, but it is generally, if not always, impossible to get any hold upon it at or near this place of constriction, and I have had the best results by proceeding as follows, viz.: After applying some compression to reduce the congestion of the glans and its crowning mucous membrane, while steadying the penis with the left hand, I push back the whole penis from the glans toward the body of the patient until the skin back of the constriction is pushed well forward in a circular fold or hood over the constricted portion, and then, while the backward pressure is maintained, the fold or hood mentioned is caught and drawn forward, in a manner similar to inverting the finger of a glove, and the reduction is speedily accomplished.

I do not know that this method is original, but I have not seen it described in any of the text books, while it has given me much better results than any of the methods there described.

S. J. KILMER, M. D.

South Bend, Ind.

REMEDIES TO PREVENT DISEASE.

Editor Medical Summary:

There are remedies that might prevent disease, and all such remedies should be closely studied. It is as important to know how to prevent diseases as it is to know how to cure them. I was very much interested in Dr. J. N. Lowery's article in March number of THE SUMMARY on "A Preventive for Scarlet Fever," which, the doctor says, proved to be invariably successful in every instance in which it was tried. Protiodide of mercury is a very important and useful remedy in various conditions, but I consider the biniodide of mercury a more valuable remedy, that is, it has a much wider range of action. The biniodide of mercury has a wide range of usefulness in throat diseases in homopathic practice. To a certain extent a remedy that is good in the treatment of a disease is good to prevent the same disease, but this, as a rule, does not hold good so well in contagious diseases as it does in other diseased conditions. Our alkaloidal friends claim that calcium sulphide is a very important remedy in the treatment of various diseases, as well as a preventive of some. They claim that calcium sulphide, or arsenic sulphide, will kill all germs in the body, when they are used free enough to thoroughly saturate the body. When the breath smells like rotten eggs it denotes the body is saturated with calcium sulphide. I could not say what denotes a thorough saturation with arsenic sulphide. If this is true these remedies should prove to be a preventive of most all diseases. I would like for someone to try them as a preventive in malaria.

The homœopaths recommend the second decimal trituration of arsenic iodide as a preventive of malaria. The homœopaths have devoted more time to the study of remedies to prevent diseases than any other system of medical practice, and they deserve credit for such if their remedies will stand the test.

The homœopaths recommend arsenicum (6) as a preventive of hydrophobia, pulsatilla (3) as a preventive of measles, baryta carbonice (6) as a preventive of quinsy, belladonna (3) as a preventive of scarlet fever, variolinum (30), malandrum (30) and vaccininum (6) are preventives of smallpox. These remedies are nosodies: Drosera ix (first decimal dilution) as a preventive of whooping cough and carbo veg. (30) as a preventive of yellow fever. The writings of homœopathic physicians should be studied more closely. I have several homœopathic books and consider them very useful and instructive. It is stated that vaccinium (6) will, when given internally, prevent smallpox with more certainty than vaccination, and that vaccination will not take where this remedy is used.

DR. J. M. G.

Jenkintown, Pa.

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FLIES, INSECTS AND DISEASE.

Editor Medical Summary:

That flies convey disease, as well as other insects, seems to be a fact. They are drawn to garbage piles and manure heaps, and, like other insects which feed on decomposing matter, are excellent scavengers. Thus ophthalmia and diphtheria are produced by these insects, which carry on the wings and legs the germs

Clean up and disinfect all small pools of water, and, if possible, burn old rags, papers and even bed and body clothing.

In consumption I always suggest that the bedding and towels, and even the coats and hats, and especially articles of wool, be burned, or, if not so disposed of, are rendered safe by sulphur disinfection. Linen and cotton, while *not* as *dangerous* as wool, are elements requiring care.

Gawalowski proposes to destroy flies by means of their parasitic enemies—the fungi of the species empusa. The author publishes his suggestion without having made any practical experiments himself in order that the work may be tested under as many different conditions as possible.

The destruction of the flies by the empusa muscæ, which is indicated by the conidia bearers thrown out about the abdomen and forming a white halo about the dead flies, may be observed especially in the winter time. By preserving the bodies of the flies in a closed glass, with precautions against drying out, the author hopes to preserve the fungus infection alive until the spring. The flies' bodies are then to be shaken with sugar or rice flour to distribute the conidia, and the sifted powder scattered upon tables. If it should be possible in this manner to produce an epidemic among the flies which survive the winter, much would indeed be accomplished, since the flies play a great part in the scheme of Nature, and to man often an unwelcome one, as distributors of fungi and bacteria. That they also carry pathogenic organisms, Pravazek has recently demonstrated in the case of the flagellate Herbetomonas, a family related to the Trypanosomas, and further discoveries of the same sort may very likely be made. The species empusa belong to the Entomophthoria, which again are nearly related to the cause of the dreaded potato disease, the Peronospora Infestans. According to experiments on Cystopus and related kinds, moisture appears to be the principal factor in the development of these fungi.

It is to be considered, moreover, whether in the spring the host flies may not offer much greater resistance to the attack of the fungus than in the winter, when the greater part of the flies are doomed anyhow and are less vigorous.

Flies may be destroyed in detail in a room or house by fumigation with suitable insecticides, but this is a thankless task if they are breeding by wholesale in some neighboring manure pile, garbage heap or collection of offal.

If all such incubators of the fly pest could be rendered inaccessible to the survivors of the winter, the swarms of flies which infest our towns in summer would probably be to a great extent prevented, and the spread of disease diminished.

L. G. DOANE, M. D.

New York City.

ENDOCARDITIS.

Dr. Beverley Robinson says in the *American Journal of the Medical Sciences* that in the treatment of acute rheumatic endocarditis, by the use of salicin, the poison of rheumatism, he believes, may be neutralized, the disease shortened, and thus there is less likelihood for endocarditis to appear. He has come to the conviction that no antirheumatic remedy is so useful and so free from objections as salicin. In those cases in which we do have endocarditis after treatment has begun, it may be that salicin was not made use of soon enough, and in sufficient doses. As treatment with it does no harm, it is wise in any event to persist in giving it, and possibly thus prevent further cardiac complications. It has been questioned, where salicin was given and no endocarditis developed, whether endocarditis would have occurred, if no salicin had been given. He believes, however, that salicin approached more nearly a true antirheumatic specific, without great drawbacks, than any one we possess at present. It does not have the disadvantages of the salicylates, and has been given in doses of 30 grains hourly for eight doses, and subsequently of 20 grains every two hours for one or several days without occasioning appreciable accidents of any kind, and apparently with only relief to the patient's symptoms and general condition. He also believes that practitioners have usually erred in not giving larger and more frequent doses of salicin, especially in the initial stage of acute rheumatism, and so long as fever and pain in the joints were present. He insists upon absolute rest during the acute attack, and is somewhat skeptical in regard to the good effects of any local application in preventing endocarditis, unless combined with intelligent general treatment. In any event, as a preventive measure, he would not apply leeches, blisters, nor even an ice-bag with this object in view, unless there were rather pronounced symptoms indicating their use. When acute endocarditis already exists, however, he believes that whenever there is weakness and irregularity of pulse and heart, it is desirable to employ hot fomentations, feeling confident that these are far better than cold compresses or an ice-bag, as their action is decidedly more stimulating. He is also satisfied that repeatedly fly-blisters, over the precordial area, are distinctly useful in a remedial way in commencing valvulitis, and would insist upon them.

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Favorite Prescriptions.

WE invite practitioners to send us, for this page, one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulas plainly written on postal card is a convenient way for sending. Always give them in this order, please. 1. Name of disease. 2. The formula and directions. 3. Your name, town and state.

Reader, let us hear from you in time for the next issue of the Summary.

Do not forget to send your favorite prescriptions, such as you have tested and found trusty. It is our wish that the reader take a special interest in this department of the Summary.

OFFENSIVE UTERINE DISCHARGES.

Editor Medical Summary:

The following will be of value in offensive uterine discharges:

R—Potassium chlor. ..... ʒ j
Echinacea specific ..... ʒ ss.
Aqua q. s. add ..... ʒ iij
M. Sig.—One dram every two hours.

J. A. BURNETT, M. D
Dean Spring, Ark.

A BLOOD REMEDY.

Editor Medical Summary:

A good blood remedy is made as follows:

R—Potassium iodid. ..... ʒ ij
Echinacea specific ..... ʒ v
Aqua..... q. s. add ʒ iv
M. Sig.—One dram every three hours.

J. A. BURNETT, M. D.
Dean Spring, Ark.

INJECTION FOR PILE TUMORS.

Editor Medical Summary:

The following has been used with considerable success, and I submit it to the SUMMARY readers, with the hope it may prove as serviceable in their hands as it has been in mine:

R—Pure carbolic acid..... gtt. ij
Glycerin .... gtt. ij
Distilled water ..... gtt. ij
M. Sig.—Inject slowly into the base of each tumor; not more than one or two at a sitting, however.

W. T. MARRS, M. D.
Peoria Heights, Ill.

A GOOD REMEDY FOR MALARIA.

EDITOR MEDICAL SUMMARY:

The following is a good remedy in malaria, especially sub-acute and chronic forms, when there is anæmia and constipation:

R—Arsenic ..... gr. j
Ext. nux vomica ..... gr. v
Aloes,
Iron sulphate ..... gr. xxx
Quinine sulph ..... ʒ j
M. Sig.—Divide into 24 doses and give one every four hours until two chills are missed, then one three times a day.

J. A. BURNETT, M. D.,
Dean Spring, Ark.

FOR SALIVATION.

A real good remedy for salivation is as follows:

Editor Medical Summary:

R—Potass. chlorate,
Chloral hydrate .....aa gr. xxx
Carbolic acid ..... gtts. xxx
Aqua .....q. s. ad gr. viij
M. Sig.:—Use as a wash for salivation, sore mouth, etc.

J. A. BURNETT, M. D.
Dean Spring, Ark.

FRUITS AND NUTS AS FOOD.

According to the experiments of Professor Jaffa, of California, fruits and nuts are great in nutritive qualities. Life can be sustained by them, and they possess great fat and muscle producing qualities. He speaks highly of the apple and pear, but values nuts above any food. They contain the phosphates and fibrin.

TREATMENT OF TYPHOID FEVER.

Dr. J. R. Landers, of Peoria Heights, Ill., states that in typhoid fever the feces can be relatively disinfected, the alimentary tract made normally clean, and the fecal contents rendered as aseptic as they are in health. He declares that if simultaneously with intestinal antiseptic the phagocytes are increased, the physician has the case in hand, so that the later dangerous complications, such as hemorrhage and perforation, do not occur. He prefers the sulphocarbolates of lime, sodium and zinc as intestinal antiseptics. The physician should assure himself of the purity of these salts. By the administration of nuclein, leucocytosis can be reinforced or augmented to almost any necessary degree to the complete overthrowing of invading bacteria. The sponge or full bath should be used. The diet should be one that can be digested and assimilated. Mild salines will keep the bowel cleared out. The writer has used the method he describes for years, and he states positively that it will prove absolutely efficient.—*Med. Record.*

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New Publications

We can supply any Medical book noticed in these pages or issued by any Publisher, on receipt of the publisher's price.

GOLDEN RULES OF SURGERY. Aphorisms, Observations and Reflections of the Science and Art of Surgery. Being a guide for Surgeons and those who would be Surgeons. By Augustus Charles Bernays, A. M., M. D., Heidelberg, M. R. C. S. England. 8vo .pp. 232. The C. V. Mosby Medical Book Co., Publishers, St. Louis, Mo., 1906. Price, $2.50.

This is neither a textbook nor a treatise, but it is simply filled with practical hints or suggestions for the student and surgeon; surgical aphorisms, as it were, gathered during the author's practical experience extending over thirty years. The author presents some new ideas in patology that are somewhat radical and revolutionary in character, as, for instance, he refers to inflammation as "physiological unrest" or "tissue unrest." The book teems with good suggestions; on page 67 we are told that "in all organic lesions of any part of the body which the patient himself can see or feel there is always a psychical element;" and attention must be directed to that phase of the trouble. A good piece of advice is for "the general practitioner to remember that the mortality of appendicitis operations done on the third, fourth or fifth days is from 15 to 20 per cent.; and let him also know that the mortality in cases done before thirty-six hours have elapsed is only one per cent. in the hands of the same surgeons."

This book is certainly practical, in every sense of the word, and is worthy of careful perusal by the general practitioner, as well as the surgeon.

DISEASES OF THE NOSE, THROAT AND EAR. By Kentz O. Foltz, M. D., Professor of Ophthalmology, Otology, Rhinology and Laryngology, in the Eclectic Medical Institute; Consulting Physician to the Seton Hospital; Assistant Editor The Eclectic Medical Journal, Author of a Manual on Diseases of the Eye. 117 illustrations, 12mo., 643 pp. The Scudder Brothers Co., Publishers, 1009 Plum Street, Cincinnati, Ohio, 1906. Price, cloth, $3.50.

This neatly printed volume is divided into thirty-seven chapters. Chapters one and two cover the anatomy of the nose, throat and ear —76 pages; chapter three, examinations; chapter four, the nose; chapter five, anomalies of upper respiratory tract; chapters six to eleven, diseases of the nose—107 pages; chapter twelve, neoplasms; chapters thirteen and fourteen, diseases of anterior nasal cavities; chapter fifteen, diseases of naso-pharynx; then follow diseases of the pharynx, larynx, general diseases; neuroses, intubation, tracheotomy, wounds and injuries. Chapter twenty *et sequitur,* takes up benign and malignant diseases of the ear, injuries, general diseases, affections of the middle and inner ear. Chapter thirty-one is devoted to inflammation of the mastoid; chapter thirty-six, covering ten pages, to materia medica and therapeutics. Here we have presented to us a work on the diseases of the nose, throat and ear by a leading member of the so-called eclectic school, that compares favorably with other leading works upon the same subject by any school. Of course, the author of this very excellent volume includes the therapeutics of his particular schools, and much of this is worthy of careful consideration by members of other schools of practice.

THE GLANDULARY POWER AND SIGNIFICANCE OF THE EPITHELIUM OF THE CONVOLUTED TUBULES OF THE KIDNEY AND THE THERAPEUTIC VALUE OF THEIR PRODUCTS SOLUBLE IN WATER. By M. J. Renaut, Professor of the Faculty of Medicine, of Lyons. Translation by Frank Abbott, M. D., and Alexis Law-Gisiko, New York City. From the Bulletin of the Academy of Medicine, Paris. Communication made at the meeting of December 22, 1903.

We have received a copy of this reprint of a translation of a most highly important communication to the French Academy of Medicine on the histo-physiology of the kidney and a remedy that has been elaborated through the studies involved.

Besides an elaborate study of the histology and physiology of the kidney, a remedy has been produced of extraordinary properties through which the functions of the kidneys are aided to the extent of freeing the urine of albumin, as given in a number of cases reported with great minuteness.

There is no disease the physician approaches with a greater despair of cure than that of a case of Bright's disease, as there is absolutely no remedy that has any specific effect, and very few in any degree curative.

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Summary Gleanings.

Lanolin added to the oleates makes them more efficient, says Dr. Earp.

For spongy gums use tr. myrrh well diluted, tannic acid or thymol in weak solution.

In gastric ulcer depend upon a milk diet and the use of Fowler's solution of arsenic.

Anthritic migraine can be relieved by bromide and salicylate of sodium and electricity.

Excessive secretion of the thyroid gland is responsible for exophthalmic goiter.

For edema, especially of the feet and eyelids, digitalis in minute doses, is highly recommended.

It is claimed that lactopetine, copiously sprinkled on indolent ulcers, every day, will soon heal them.

Phosphorus is claimed to be the most valuable remedy that we possess for the treatment of melancholy.

Decoctions of chestnut leaves, white or black oak bark, black alder or geranium will prove of value in rhus poisoning.

Phosphoric acid dilute, adult 10 drops in a wineglass of water, is stated to be an excellent remedy for nerve debility.

Milk diet exclusive, it is stated, is a prophylactic of scarlet fever—hence children at the breast rarely take the infection.

There is no better recognized fact than that digitalis, in official doses, sustains and strengthens the action of the heart.

Indolent sinuses, as of the fingers, after deep. infections, frequently heal by the daily use of prolonged immersions in hot water.

In acne use lotio alba. Resorcin may be used followed by benzoated oxide of zinc ointment. The curette or lancet is often necessary.

The one grand, unfailing remedy for asthma is said to be hydriodide of potassium; adult, three to five grains, three times a day, in water or syrup.

Passiflora incarnata is a remedy highly recommended in the treatment of erysipelas, given in ordinary doses, as frequently as occasion seems to require.

Phosphorus, adult, 1-30 to 1-50 grain doses, it is said, produces a sense of stimulation more complete than that caused by coffee and more active than that caused by opium.

A hypodermic dose of apomorphine when you have a case of acute poisoning and no stomach pump.

For diarrhea or hepatic disorders, Dr. Hare gives gray powder (2 to 6 grains), or calomel (1-6 to ½ grain), per dose.

Hot salt water applied to the eyes, morning and evening, has a very soothing as well as curative effect on sore eyes.

Another good lotion for rhus poisoning that is often employed is one dram of the fluid extract of grindelia in four ounces of water.

The oil of gautheria and salicin are effective in neuralgia and other nervous disorders which either depend upon or follow rheumatism.

To render poultices antiseptic, a very important thing, add 1 per cent. of phenol liquefactum to the water used in making the poultice.

Pain in the leg after an abdominal operation often means the development of a femoral thrombosis. This occurs usually on the left side.

Many Southern physicians claim good results from the administration of spirits of chloroform in full doses, internally, in threatened eclampsia.

When applying a plaster dressing to the leg, always include the foot if the patient is to be confined to bed; otherwise "drop foot will develop.

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OCTOBER, 1906

THE MEDICAL SUMMARY

Vol. XXVIII

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.
R. H. ANDREWS, M.D., Editor & Proprietor
2321 PARK AVE., PHILADELPHIA, PA.
ESTABLISHED 1878

No. 8

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R. H. ANDREWS, M. D., Editor, 2321 Park Avenue, Philadelphia, Pa.

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SPECIAL TO SUMMARY READERS.

This month we present on another page the article by Prof. Drueck on "Rectal Fistula. This is the ninth paper of his series, and the subject will be closed in a few months. We now want an expression from our readers on the advisability of securing other series from the hand of prominent teachers throughout the country. Have these papers been what you expected? Have they helped you in your daily work? Shall we continue this line by series of papers on Gynecology, Eye, Ear, Stomach, Heart and Lungs, Skin Disease, or what not? But how are we to know what you are waiting for? We want you to tell us. Let the editor know what you are rusty on or need a review of, and the "Summary" will get the best authority in the country to present it in detail in our columns. The "Summary" will spare no expense to get the best. We live and grow by pleasing our readers, and it is only by the letters we receive from you that we determine how valuable each issue is. It is up to you to tell us what you need, and the editor now awaits your reply. We want the most practical, helpful material to fill the columns of the "Summary" that we are able to secure, and again ask you to send us your clinical notes, bedside memoranda, or anything that, in your opinion, will interest fellow members of the rank and file of the profession.

ERRATIC TYPHOID.

The multiplicity of the forms in which typhoid fever shows itself, and the erratic manifestations of its symptoms, are so perplexing in the matter of an early and positive diagnosis in many cases, that as a precautionary measure against serious after-results it would be well to regard as typhoid all cases of fever in which a clear diagnosis cannot be made in the early stages of the disease.

For in no condition are the initial care and treatment so essential to a favorable progress and termination as those concerned in this prevalent and protean disorder. Nor is it the patient alone whose eminent welfare depends upon the highest precautionary measures in a doubtful diagnosis; but it also includes

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all those who come in contact with the case.

Regardless of the keenest diagnostic ability, owing to these irregular symptoms, a clear, satisfactory and positive diagnosis is impossible at the outstart of many cases; and in some instances the element of doubt will be carried through the duration of the attack. This declaration will be supported by all practitioners of large experience, and it should be a note of warning to all to be acutely cautious when dealing with the initial symptoms of all febrile diseases.

In so many cases of the present day typhoid the sharp deviation from the ordinary symptoms is so pronounced as to imply some modifying agency that is influencing the usual and regular course of the disease. It may be assumed with a stronger basis than simply conjecture that one favorable modifying cause is the more intelligent and effective application of the laws of sanitation now fortunately ruling the profession.

Cases showing these complex symptoms very often do not assume the usual form at all; but run a shorter course, although the primary symptoms are more threatening and sudden in their advent than those preceding one that will run through the ordinary successive stages. No one, however pre-eminent as a clinician he may be, can say the last word on typhoid fever. A symposium of the views of many practitioners from all sections would be a most valuable contribution to medical knowledge, and the SUMMARY would be happy to serve as a medium to this end.

RHUS TOXICODENDRON FOR RHEUMATISM.

This is not a new idea, but one that appears to have lain dormant in the minds of the profession, or, at least, very little has been said about it by medical writers of late years. Dr. John Aulde, directed attention to the subject in a communication in the *Medical News* about a dozen years ago. He referred to the fact that the drug had been studied and in use in England as early as 1798, and was introduced into the British Pharmacopœia in 1836. The fact was also stated that the drug was described and its properties noted by Phillips in his work on Materia Medica, but he was not then aware that Piffard, of New York, had used this remedy extensively for rheumatic affections.

Although the drug in question has been long and favorably known to the Homœopathic and Eclectics, Dr. Aulde was instrumental in more widely spreading the knowledge of its properties and new applications found for its use. We cannot do better than present the following citations for its use: Here is a man who has long suffered from subacute and chronic rheumatism, which has stubbornly resisted all forms of treatment. The use of the rhus not only dislodges the rheumatism, but with its disappearance the varicose veins also disappear. Another patient takes rhus for rheumatism affecting the knee, and although it has been of long duration the pain disappears in a few days, and with it a cystitis more or less troublesome for twenty years. Again, a patient complains of pain in the ball of the foot, and the use of rhus not only cures the pain, but causes a stubborn form of eczema of the nails to subside, although the latter had persisted for several years. A man with lumbago takes rhus and finds that the pain due to piles stops as if by magic. A patient with sciatica finds that the rhus relieves the pain, and at the same time cures him of a most aggravating kind of skin disease, eczema. Professor Taylor, of Charleston, S. C., reasons from analogy that if rhus relieves the pain incident to muscular rheumatism, it might be useful in overcoming the acute pains which follow attacks of epileptiform convulsions, and on trial he is not disappointed. As a fitting illustration of the great value of this drug, a case may be noted where a man had suffered for weeks from pain in the ankle-joint, due probably to a rheumatic element, who returned in an hour after taking the first dose to say that his malady had been eradicated.

The dose of this drug is one-half drop of the tincture made from the fresh leaves, three times daily, given with a few drops of diluted alcohol and about a dram of water.

The season of the year is now approaching when rheumatic troubles are of frequent occurrence, and we shall be pleased to have our readers investigate the claims of rhus toxicodendron and report the results for publication.

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Original Communications.

BRIEF and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases are solicited from the profession for this department.

Articles intended for the Summary must be contributed to it exclusively. The editor is not responsible for the views of contributors. Write plainly and only on one side of the paper

FISTULA OF THE RECTUM.

By CHARLES J. DRUECK, M. D.,

Surgeon to Lakeside and Emergency Hospitals, Rectal Surgeon to People's Hospital, Professor of Abdominal and Pelvic Surgery at National Medical University, Chicago, Ill.

A fistula is a non-granulating sinus within the rectum or about the anus, with one or more openings. This condition is sometimes called fistula in ano, a term which is incorrect and misleading, and should be discouraged, as other tissues are always involved, and the anus is not always included.

The sinuses nearly always result from abscess in the perirectal and ischiorectal tissues, which have opened into the rectum or on the skin surface of the anus. When the abscess develops in the ischiorectal fossa, it burrows outside or above the sphincter; the levator ani muscle forms its upper limit, and the abscess extends along the lower surface of that muscle into the rectum, usually at the upper level of the sphincter.. The resulting sinuses are large and often branched or multiple, and their external openings may be quite a distance from the anus. The whole perineum and buttock may be indurated and hard; or if the abscess has emptied and refilled several times, the parts become honeycombed with a great many fistulæ, which communicate with one another, or with a common abscess. Some part of the labyrinth is always forming an abscess, and causing intense pain. As a result, the sufferer usually becomes an opium wreck. Kelsey reports between twenty and thirty sinuses in one of these cases. The sinuses thus formed do not heal spontaneously, because of the retention of septic excretions and feces in the sinus, and also on account of the dependent position of the veins when the patient is sitting or standing, which causes a sluggish return circulation, the parts being constantly disturbed during defecation or any movements of the pelvis or legs. The small exit of the fistula helps to retain infection, except in the tubercular fistula, where the opening is usually large enough, but the caseous degeneration of the abscess wall promotes a fistula.

The abscess may form anywhere about the rectum, but is found most frequently in the following locations:

1. Beneath the skin near the anus.
2. Between the mucous and muscular coats of the rectum.
3. Between the rectum and the levator ani muscle.
4. In the ischiorectal fossa.

Abscesses of the first location are the most common and a resulting fistula is just beneath the skin, and does not involve the sphincter. The internal opening is in the mucous membrane, and within the grasp of the external sphincter.

Fistulæ are classed as:

1. Complete: (a) ordinary; (b) external; (c) internal.
2. Incomplete or blind: (a) external; (b) internal.
3. Horseshoe.
4. Rectovaginal.
5. Rectovesical.

The ordinary complete fistula is a sinus with an internal opening into the rectum, and one or more openings on the skin. This is the most common type of fistula, and hence its name. An external complete fistula is one with both of its openings on the skin, and not communicating with the rectum, while an internal complete is one with both openings within the rectum, and not involving the skin. Not every fistula communicates with the rectum, although the great majority of them do.

An incomplete or blind external fistula is one which begins in the perirectal or ischiorectal structures, and opens upon the skin, but does not extend into the rectum. An incomplete or blind internal fistula has an opening into the rectum and a sinus extending into the perirectal tissues, but has no other open-

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ing into the rectum or upon the skin. It differs from the complete variety in that there is a broad undermining of the mucous membrane, instead of narrow channels. The internal opening is situated often at the base of an ulcer or hidden in the folds of mucous membrane.

The horseshoe fistula is nearly always an old case, and takes the name from its fancied resemblance to a horseshoe in shape. In this variety, the original openings have become blocked, and the retained pus has burrowed in a new direction and found an outlet. Thus a typical horseshoe fistula has one opening within the rectum and one or more external openings on either side of the anus. The pus burrows around the rectum in the loose areolar tissue and forms a new opening on the opposite side of the anus from the first. In burrowing the pus generally passes posterior to the anus, and very often the internal opening is found in the median line posteriorly. There are many deviations from this typical description, as a horseshoe fictula may have only one external opening and yet the pus may have burrowed all around the rectum and the resulting fistula be either complete or incomplete in form.

Rectovaginal fistulæ are of two kinds: First, those high in the vagina; and second, those in the lower part. On the whole, they are uncommon. If the opening is small, there is little escape of feces so long as the stool is formed, but one of the most common and annoying symptoms is the escape of intestinal gas, which produces a bubbling or hissing noise. The patient has, of course, no control over the escaping gas, and the odor finally forces her to avoid society and to stay at home until she becomes melancholy from brooding over her trouble. A fistula in the upper part of the vagina is usually due to cancer of the cervix, which has generally progressed so far that curative treatment is out of the question. In the lower part of the vagina and at the vulva, fistula often results from imperfect union in repairing a torn perineum or from the sloughing of the septum after tedious parturition. Enterovaginal fistula or openings of the small intestine into the vagina, are traumatic openings, produced during an operation, or else either congenital or artificial vaginal ani.

Rectovesical fistulæ, like rectovaginal, are the result of either traumatism or malignant disease.

Fistula about the anus is a very old disease, being described by Celsus and Hippocrates, whose etiology holds good to-day. Very few cases are seen early in their course by the surgeon, as the sufferer first tries all the domestic remedies, because of the old superstition that a fistula is the vent of the system for certain poisonous tumors, which are retained if the fistula is healed, and produce by their retention some other malady, of which consumption holds first rank.

Symptoms.—The first symptom which attracts the patient's attention is the local abscess which has the symptoms of any collection of pus, namely, redness, swelling, pain and fever. The abscess ruptures and discharges its contents, relieving the local distention; the tissues are soft and tend to retract and contract, leaving only sufficient opening to permit the exit of subsequent discharges. The excretions of a recent abscess are thick, abundant and constant, but as the lining membranes grow old and are covered with lardaceous granulations, the discharges become thin, watery and lessened in amount. After the abscess has emptied itself the patient suffers no discomfort except the purulent discharge, which is always fetid in character, and sometimes contains gas and feces, making it difficult to keep the parts clean. As the retained pus burrows, forming new abscesses and sinuses, the discharge gradually increases. When the discharge from a given sinus is small in amount, and irregular in its outflow, the opening tends to become occluded and retention occurs; thus a new abscess is produced, which ruptures through the old sinus or forms a new outlet. In this way two or more fistulæ often connect with a common abscess. In any case, if the discharge ceases or becomes irregular, always suspect new abscesses. The incomplete internal fistulæ are the most painful, because the retained pus causes pressure during defecation. Such a fistula cannot be diagnosed until a digital examination is made and the finger when

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withdrawn is covered with pus and blood. Constipation is induced from fear of pain during defecation, and the sufferer goes on in this condition for years before he seeks surgical relief.

Examination.—Much valuable information as to the character of the fistula and its extent is learned from the patient's description. If a slight abscess, recently ruptured, and having a free discharge of a small amount of pus is found, a small fistula with openings near the external sphincter is indicated. The position of the patient for examination is largely a matter of choice. The lithotomy position is more advantageous where the trouble is at the anus or not too far within. The Sims position, the patient resting on the affected side, is preferred by many, especially when making a specular examination. When the trouble is high up within the rectum, the knee-chest position is better. No one position suits all cases, and even during the examination of a given case it may be of considerable advantage to change the position, because the entire field must be explored. Even if one fistula is found a thorough search must be made for others or for other rectal troubles. With such an examination the diagnosis is not difficult except in internal, incomplete or in the horseshoe variety. Separate the buttocks by grasping the glutei on either side with one hand, the fingers reaching toward the anus, when by gentle traction the external fistulous opening, if near the anus, will be seen in a little depression or in the center of a mass of granulations in the radiating folds of the anus. The external opening may be, however, quite a distance from the anus, even out on the thighs or legs, and be so small as to escape a cursory examination unless a drop of pus be pressed out during the manipulation. It may be so small as to admit only a fine probe, except in tubercular fistula, when it is usually ragged or appears as though in the base of an ulcer. By palpating about the anus the tracts may be detected subcutaneously by their hardness and by a finger within the rectum pressing toward the induration a drop of pus will usually exude from the external opening. The tract is sometimes direct from one opening to another, but there is not necessarily a sinus; the abscess may open directly on the surface. In a recent, straight fistula, the external opening is large. Sometimes the tract is very circuitous and the pus may burrow under the gluteal muscles and open in the groin, or on the thigh, even as low as the popliteal space. Sir Astley Cooper mentions an autopsy where a fistula opened into the groin, but he traced it back along the course of the spermatic cord and found it ended in apparently an ordinary fistula in the rectum.

The internal opening is frequently just above the external sphincter and is found as an indurated spot or a raised mass or else as an ulcer with rough edges. All ulcerated and inflamed spots must be carefully examined, because they often contain the internal opening of a complete fistula or the opening of an internal incomplete.

In case the internal opening is not found, it may be located by injecting milk or some colored fluid through the external opening. The anus being dilated enough for inspection, the fluid will be seen as it comes through the internal opening into the rectum. Injecting hydrogen peroxide for diagnosis has been preferred because the gaseous disintegration dilates all parts of the sinus and bubbles through all the internal openings, if more than one are present; but there is also the danger of driving infective material into new and healthy tissue. The short cylindrical speculum is always particularly serviceable in these cases. The internal opening is not always the upper limit of the fistula, but the mucous membrane may be undermined for several inches above the opening.

A word about probing a fistula: Probing at times other than when operating is objectionable and dangerous, because it is painful and may produce new channels, and, besides, affords no information but what is gained from careful inspection and palpation. If the probe is forced out of the sinus and into the tissues it may mislead the examiner as to the condition of the old fistula, besides carrying infection into new fields, and thus forming new sinuses. I never probe a fistula until I am ready to operate; nor do I hunt unnecessarily for the internal opening. It matters little whether you find the internal opening or not before the operation, for when you operate you do.

Spasmodic contractures occur during examination if the patient is awake,

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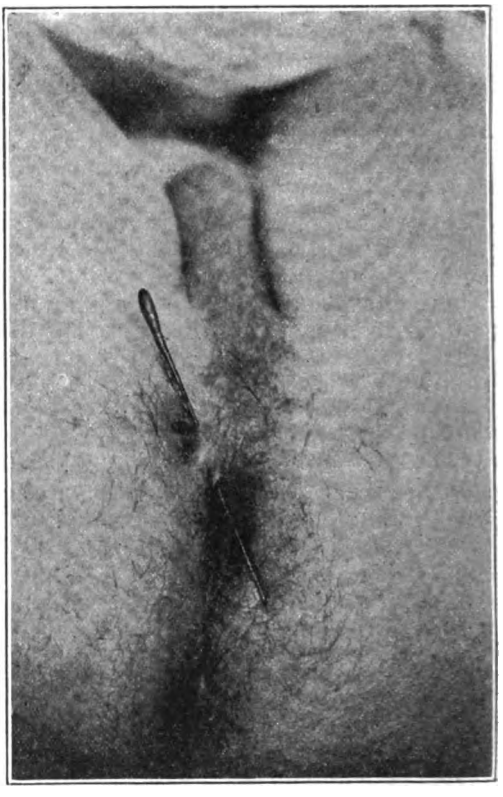
which make the examination more painful and dangerous; but when the patient is anesthetized and quiet you have no trouble in tracing out any or all sinuses. When probes are used a large variety are essential from a fine silver probe to a large, soft, uterine sound. The probe must be introduced carefully and without force until it has gone as far as it will, then with the index finger of the left hand within the rectum, one may find the probe projecting through the internal opening or, in some instances, covered only with the mucous membrane, or again, it may have passed away from the rectum and cannot be felt at all.

Lardaceous granulations, the result of chronic inflammation, line the tract of the fistula and contain many new-formed blood vessels. The granulations prevent healing of the sinus by keeping the walls apart. A recent fistula is, however, sometimes lined with healthy granulations, which form new tissue, and such a fistula may heal spontaneously.

Blind internal fistulæ are the most difficult to diagnose and are found only after a careful examination of the interior of the rectum. Any case presenting persistent ueasiness within the rectum and showing the presence of pus in the stool, unless otherwise explained, should be thoroughly examined. The following case is cited to show how misleading a cursory examination may be: Mr. S. S. W. passed through a mild attack of typhoid fever and at the end of the third week developed a perirectal abscess, which was lanced and which promptly healed, except a small sinus. From a pinhole opening of this exuded a discharge imperceptible in amount, but sufficient to keep the parts moist and fetid. A digital examination of the rectum some months later revealed a small amount of induration above the external sphincter, but no distinct cordlike sensation that would signify a sinus. The director was introduced and brought out at the margin of the anus, as shown in the illustration, and the tissues divided along its full length, thus exposing a suppurating surface irregularly circular in outline, about one and one-half inches in diameter. All the edges and pyogenic surface of this ulcer were removed and the openings of the two deeper sinuses were brought to view. The first tract led almost to the base of the uretha and important structures had to be separated to lay it open; the second penetrated the rectum just above the sphincter. This latter opening was closed with chromic-



ized catgut sutures after the method of treating rectovaginal fistulæ, and with the connective tissues sutured over the first stitches to give additional support. The sinus leading toward the deep perineum was packed wide open and allowed to granulate from its base. It is important to mention at this time that the finger within the rectum detected nothing that would suggest deep sinuses, but nevertheless, two very important diverticula existed. Inspection of the case, as shown in the illustration, gives the impression that this is a simple external, complete fistula, which would heal kindly if divided on the director. However, such an operation would have been worse than useless, because only the outer part of the sinus would have healed over only to re-form again in a few weeks. The stereotyped operation as set down in the text-books, or treating the sinus by astringent injections, would have been

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a signal failure. This case is detailed and the illustration given to show that each case must be treated upon its own conditions. Frequently narrow-branched tracts lead off into the deep tissues and perhaps encroach upon vital organs.

599 East 46th St., Chicago, Ill.

SHORTHAND THERAPEUTICS, No. 1.

By J. R. BORLAND, M. D.,

Tracheitis, or croup, is divided into two varieties, the spasmodic and pseudo-membranous. In the spasmodic form there is a sudden contraction of the trachea, owing to a cold or an irritation of the stomach. It may be distinguished from the pseudo-membranous variety by its sudden appearance at night, when the child was apparently well during the day, and by its almost as sudden disappearance, upon the administration of remedies, as tr. lobelia, hive syrup or acetic tr. sanguinaria, and the application of cold wet packs to the neck. In this variety there arises a sudden hoarse cough, followed by a whistling and difficult respiration.

Pseudo-membranous croup is a very grave disease—the opprobrium of the medical profession, because attended with such fatality, and if there be any disease which require a shorthand and prompt treatment, this is one, as its tendency is rapidly to a fatal termination, and the *vis medica natura* seems, of itself, to be of little service here.

Symptoms.—The symptoms of this form of croup are very insidious, and are often mistaken for the spasmodic variety, till too late. The child is restless, peevish and irritable, and at times has a fever and increased temperature. He will be observed to spit frequently, and the respirations are labored and increased in frequency. "These symptoms in the course of twenty-eight to thirty-six hours, will be followed by a slight cough, which increases, and the voice becomes hoarse." The disposition to spit increases, and the sputa, if examined, is found to be of an albuminous character, thus clearly indicating the disease. The symptoms are all aggravated at night, the pulse becoming quick, and the breathing laborious; but in the morning they are much ameliorated. In the afternoon the symptoms reappear, and are greatly aggravated.

"The child throws his head back, and frequently grasps at the neck, the expectoration ceases, the breathing is more labored, and the pulse more frequent. He is unable to speak above a whisper, and, unless relieved by proper treatment, soon becomes stupid and expires." How sad the picture!

The chief characteristic of pseudo-membranous croup is an inflammation of the larnyx and trachea, sometimes extending down to the bronchial tubes.

Treatment, to be effective, must be specific and prompt. The expectant treatment is a crime here. I have usually had a moderate degree of success with the acetic syr. of sanguinaria, or the emetic powder strongly acidulated with vinegar. In the early stages emetics only depress vitality and do but little good, as the membrane is too firmly adherent to be removed by the most active emetics.

I will illustrate my more recent treatment by describing a case I had a few years ago. About 4 A. M. I was called to go four miles into the country to see a child about three and a half years of age, who had taken sick the night before with what proved to be pseudo-membranous croup. I found a robust child with all the characteristics of the disease. My prescriptions were:

℞—Fld. ext. jaborandi,
Fld. ext. eucalyptus.....aa ʒ j
Acetic syr. sanguinaria.....ʒ ij
M. Sig.—A teaspoonful every two or three hours.

℞—Tinc. Veratrum viride....gtt. xx
Ant. tart. .....gr. j
Pancrobilin .....ʒ j
Aqua.....q. s. ʒ iv
M. Sig.—A teaspoonful in alternation with the first. Hot packs to neck and chest, and the throat to be sprayed every three hours with pancrobilin.

My objects were: First, to reduce febrile action and the resultant inflammation; second, by gradual nausea to produce gentle emesis, and third, to loosen the membrane, so that it could be thrown off by expectoration or emesis. The next day I visited the child and found, although there had been but little emesis, or no immediate marked results, the

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cough loose, breathing less oppressed, and a general amelioration of all the symptoms. I then applied stillingia liniment to neck and chest, and ordered the hot applications continued.

About seventy-six hours after commencing treatment, the child vomited up what the mother described as a tough, white substance, almost as large, and nearly as long as her index finger, which she thought was curdled milk. I upbraided her for not saving it for my inspection; but of course it must have been the false membrane, as almost immediately the respirations and all the other symptoms were markedly improved. Convalescence was rapid from this on, but there was a soreness of the throat, wher the membrane had been detached from the fauces, which left a raw surface. This was a case which had all the appearance, under ordinary treatment, of a fatal result. I looked upon the pancrobilin as an important aid in averting such a catastrophe.

In connection with this article, I wish to record a case of diphtheritic croup, which I treated some years ago, during a virulent epidemic of diphtheria, which prevailed here. I was called to see a child three years of age. I got to see into the throat at the first visit, but never after. She was the most obstreperous child, I think, I ever saw. Could get no medicine into her by force or strategy. She had that peculiar croupy and hoarse cough which, with the labored breathing, so clearly designates the trouble.

I was nonplussed. The case looked desperate, even provided the best treatment could be employed. I have been in many tight places, but this seemed about the tightest. I adjusted my thinking cap and decided quickly what might be done. I had some bichloride solution and a dropper. I instructed the parents by example how to instil the solution into the nostrils and holding the child till it was done. This they were to do every three hours, night and day. I told the father to get hemlock (spruce) boughs, strip the needles off, put them in a coffee pot, add cider vinegar and water, equal parts, make a decoction; throw a sheet over the child's head and steam her (let her inhale the hot vapor) once every two or three hours. I gave the parents to understand the gravity of the case, and they worked with a will akin to desperation. In five days the disease was under control, and the child is now grown to a woman. The hemlock vapor did the work. It is a grand remedy in quinsy also, and don't you forget it.

Franklin, Pa.

MATUTINAL HEADACHE.

By Woodbridge Hall Birchmore, M. D.

Definition.—Matutinal headache is the name given to a peculiar disorder of adult life, apparently beginning in women about the twentieth year and in men about ten years later, or, to use the phrase of one man, "appearing just as soon as late suppers are abandoned for better habits." The number of cases is not great in the practice of any one physician, and yet the aggregated number of cases must be very large, probably not less than 3 per cent. of the whole population between 20 years and 50 suffer from it more or less, some persons being victims two or three times a month, others suffering from this disorder every Monday morning. In some instances the history will tell of the headache appearing regularly every morning for months, in other instances the headache will suddenly appear, come on regularly at the expected time for weeks together, and then will suddenly disappear for an indefinite period. In one instance known to me this interval reached a few days more than fifteen months, and then the disorder reappeared in most aggravated form.

Symptoms.—The marked and serious symptom is this most distressing headache. No particular nerve tract is the special seat of pain in the majority of cases, in other instances a decided tendency to become localized is noted, but, unlike neuralgia, it belongs to no special nerve, and no painful spots can be located. Nausea is in some cases an associated symptom, but vomiting seldom is an incident, and those who have the best right to speak, positively declare that the *nausea is central in origin*—"nervous" in the sense in which this word was used by the men

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of 50 years ago. In many cases acute febrile symptoms appear; but, since the seriousness of the pain has nothing to do with the symptom of increased temperature, those who have had most experience are inclined to think the symptoms independent in causation, happening coincidently by some accident. A few years ago I was for some months experimenting with the treatment of one of those exasperating cases which sometimes has a headache, sometimes a distressing nausea, sometimes a high fever. Sometimes two symptoms would be associated, sometimes all three. Certainly I did my best to cure the condition, but I did not succeed in ameliorating it. The patient got very weary of my failures, but as I was the tenth or eleventh who had failed in his and her attempts to relieve the condition, did not regard me as any more stupid than my fellows, nor quite so stupid as that physician who, having "discovered" an astigmatism, about which all of us knew, announced in print the "cure" of the patient; but if the patient was "cured" the headaches did not cease.

The form of attack is protean, never is it the same in any two individuals, hardly ever twice alike in the details in any two attacks in any one individual, but all cases have a certain similarity of outline, which, to say the least, is interesting. This makes it possible to identify the cases of matutinal headache as cases of this disorder, as distinguished from other headache in the morning, but the variation, specially the disposition of the three symptoms, headache, fever, nausea, to alternate in a given patient suggests not a single, but a triple; not a simple, but a complex cause for the disorder.

The Course of an Attack.—The patient retires at the usual time in good and satisfactory health, and during the first part of his repose is quite as usual. Early in the morning, at hours depending upon the personal equation, the patient wakens with a sense of great distress, and usually in an extreme perspiration. "My robe was as wet as if I had been under the shower bath," said one to me, and another said, "You could have wrung the water from my pajamas easily enough." The patient recognizes this as the precursor to the headache, and the inexperienced seek immediate aid. Aid in checking the attack has not been devised, but the symptoms about which most complaint is made may sometimes consent to be less obnoxious if some powerful drug is given in sufficient doses.

The experience of the writer and his acquaintance is summarized under treatment.

The next symptom in point of time is the intense drowsiness which is an overwhelming demand for sleep. Efforts to keep awake are seemingly of no effect, and the patient will fall asleep while trying to maintain conversation, leaving the sentence incomplete. After a nap of various lengths, seldom less than three, seldom more than four, hours, the patient wakens. The headache is now pronounced, it may last for three, four, five hours, steadily growing less, and gradually disappearing. Sometimes after the patient has been on his feet for a short time, say an hour or so, an unusually large quantity of urine will be passed, after which the headache is suddenly relieved. Experience indicates that these cases have had some fever, which usually ends with the discharge of the urine, slightly before the end of the headache. It is worth noting that the desire for food exists in usual measure, despite the headache, unless by chance the nausea above referred to is a notable symptom. After this symptom has passed in those cases in which it appears, the food desire is even stimulated. When the headache has begun to lessen, the lessening continues gradually until it disappears. There are no conditions known by which the symptoms can be aggravated after wakening, except that of nausea by the taking of food, yet this nausea very infrequently, if ever, ends in emesis, no matter how distressing it may become when by chance it is heedlessly aggrevated.

Pathological Speculations.—Many speculations have been indulged in on the questions of pathology involved in the problem of causation, and while some of these were put forward by men whom the profession holds in high esteem, it cannot be shown that these speculations in any way simplified the tangle, or aided in giving relief to the sufferers who, rather to the surprise of certain physi-

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cians, have complained of the distress caused by measures undertaken with the best intentions.

Classic tradition regards this headache as "a neuralgia caused by indigestion," and one of the earliest to apply the "fermentation theory" taught that this disorder was due to the absorption of the products of "the decomposition of peptone in the cavity of the stomach itself." The answer to this question of origin is not so simple as this assumption would indicate, and the various attempts to learn the condition, made in line with the indications of this theory, that the headache was caused by a poison circulating in the blood and absorbed from the stomach, failed utterly to reach their aim, elucidation.

As opposed to this classical and "speculating" pathology is one which can in some measure at least be verified. In basis it is speculative also, but, as it answers nearly all the questions, certain of us believe that we are on the right line of investigation. We recognize the influence of poisoning by "substances formed in a process of digestion gone wrong," but we recognize that these substances cannot be formed by the decomposition of peptones in the presence of an acid gastric mucus.

Further, while the contents of the stomach will not give origin to the needed poisons, the contents of the duodenum, mixed as it is with the secretions of the pancreas, and the bile, will do so. Still further, while we know that the stomach is empty we have every reason for inferring that the duodenum may contain partially digested material as well as any other part of the small intestine. This retention of a small portion of partially digested food in the duodenum is rendered the more likely because in many people the duodenum is parted from the rest of the small intestine by a true muscular sphincter, while the various "temporary pocketings of the ilium" are due only to muscular action, the contraction of muscles forming a functional sphincter, while the sphincter of the duodenum is a real anatomical fact in many human beings.

Why Matutinal Headache Is Inconstant.—The irregularity in the attacks is accounted for easily on this theory, because in some persons there is no duodenal sphincter, and consequently the conditions for the formation of the poison do not exist permanently, and further improbable coincidence thus becomes necessary. Also, in those in whom the anatomical conditions are permanent the functional conditions are by necessity frequently wanting. The very fact that the form of the attack is subject to such wide variation adds to the probability of this view.

The logical conclusion therefore is that the poison is formed not in the stomach but in the duodenum. This also explains why nausea is so relatively infrequent and why emesis so very seldom occurs, while it is the almost invariable accompaniment of like disturbances of gastric origin. The formation of any more of the poison than just enough to be the cause of the headache is probably prevented by the reaction to the stimulus which it evidently gives to the depurative mechanism, as is shown by the intense action of the skin and the gradual cessation of the headaches as soon as the emptying of the contents of the duodenum is assured by the erect position. As was referred to in a paper on "Sick headache," the ingestion of a glass of lemonade by its acid reaction will cause this form of headache to become only a ghost of a headache if it be taken at once during the wakeful period, or rather the waking period, before the patient is overpowered by the narcotic action of the poison.

Treatment.—It is evident that if this theory of the formation of the poison producing this group of symptoms, sweating, relaxed tension of the circulation, narcosis, headache, subjective nausea and at times high temperature, is the true one: That is that the poison is formed in the duodenal pouch by the action of certain figured elements (species unknown) upon the peptonized residua in the presence of the bile and the secretion from the duodenal glands, and that of the pancreas, and that therefore this headache is to be looked upon as a very close relation to the headache whose characteristic is the green mucus and "the nauseous mouthful of Fothergill;" then any attempts at treatment other than a hypodermic injection of hyoscine, to act as an hypnotic during the period of headache, which, after the

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three-hours' nap, is almost always a period of vigillation, are simply useless. Any treatment, to be of use, must be given during the waking period, coming between the stage of perspiration and that of somnolency, or it must be frankly prophylactic and be given as a routine at bedtime. As the treatment cannot be curative, owing to the character of the attack, but two schemes become possible, the preventive and the abortive schemes. Both are grounded on the assumption that the pathological thesis just set forth is correct, and perfectly satisfactory results have been obtained in both methods, it is none the less obvious that the preventive scheme is much more satisfactory to the patient in the long run.

The Preventive Scheme.—Theoretically this consists in disinfecting the stomach partially and the whole upper part of the intestinal canal completely. It is needless to discuss the question of the reality of the disinfection, the question is not "does disinfection disinfect?" but "is the precaution successful for prevention?" That "disinfection" is a "precaution successful for prevention" the experience of not a few physicians indicates most surely. A number of disinfecting drugs have been suggested by various persons with satisfactory results, and the writer has used or been informed of the use by the various different preparations by others, and their experience agrees with him, "No preparation is uniformly successful in all the members of any group of cases, nor in all the attacks of any one patient"—for this reason the preventive treatment is not at first popular with the patients, as compared with the abortive scheme.

Various drugs have been used and commended, napthalin-sugar powders (Bouchard-Oliver), sulphocarbolates (Abbott-Kinsman), sulphocarbolates with thymol and charcoal (Birchmore), and a host of others, but these will meet most cases. Experience shows that it is well to wash out the stomach with a glass of carbonic acid water before administering the dose of the disinfectant, and the result will be more satisfactory if the water used for this purpose is mildly laxative. An acquaintance insists that "Rhine wine and soda water" (by "soda water" is intended the carbonic acid charged water of the drug store) is the "proper caper." The main purpose is, of course, lavage of the upper portion of the small intestine, after which the capsule containing the disinfecting powder, or better, the ready prepared tablet of the desired contents made by some drug house "of an excellent reputation."

The Abortive Treatment.—Why this treatment should ever be of any use I do not see; that it is of use in a large part of the cases I know, but the reason why I do not know. Administered during the intermission between the period of perspiration and the period of somnolence it certainly prevents the sequent headache in the majority of the cases in which it has been tried. It consists simply of a dose of one of the effervescing cathartic salts in a glass of well-sweetened lemonade, made very acid, a whole lemon in a tumblerful of water. The most satisfactory way to administer the dose is as follows: Prepare the lemonade in one tumbler and place the salt in another, then pour the lemonade into the tumbler containing the salt, and drink immediately, i. e., during the effervescence. Used in this way a large part of the carbonic acid is swallowed or is disengaged in the stomach or the upper part of the intestine, thus it is made useful just where it is the most needed. By reason of its steady and somewhat prolonged disengagement of carbon dioxide the Abbott saline mixture will be found most satisfactory among the commercial preparations for the intended purpose.

THE SINCLAIR HOTEL,
163 Fulton St., Brooklyn, N. Y.

BERBERINE.

By J. A. Burnett, M. D.

The alkaloid berberine and its salts are useful remedies in practice. There is but little if any difference in the therapeutic action of berberine and the different salts.

Recently I asked Lloyd Brothers, of Cincinnati, O., if there was any difference in the action of berberine and its salts, and received the following:

"I will state that the difference in action between the berberine salts you

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have mentioned, excepting perhaps the berberine salicylate, will be due to the more or less readiness with which they dissolve in the juices of the stomach. The more soluble the salt the quicker its action, the less soluble the more protracted its action, thus berberine sulphate, being much more soluble than berberine muriate, will respond quicker. You catch the point?

"With the salicylate there is really a therapeutical side to the acid radical, and hence a different action may result. I take it the rationale of the arguments presented.

"Hydrastin principles combined is a mixture carrying soluble and insoluble hydrastis constituents resin, alkaloid and otherwise. It is necessarily therefore possessed of qualities different from the qualities of either the definite berberine compounds."

Lloyd Brothers were also asked if berberine muriate would be compatible with powdered alstronia constricta, and the following is their answer:

"As concerns the compatibility of berberine muriate and alstronia constricta, I consider that they are not in any wise incompatible; they may be given in connection with each other without either of them disturbing the other in any wise.

"I am much interested in what you say concerning the combination of berberine muriate and alstronia constricta, especially in the statement that it cures chronic malaria, where Fowler's solution and quinine had failed."

Lloyd Brothers can furnish a combination of alstronia constricta and berberine muriate in fluid form, and it is my opinion that this is a very useful combination.

Berberine is found in various plants, such as poplar, hydrastis, columbo, fraxinus and xanthoxylum.

In my article, "Comments," September, 1902, "Alkaloidal Clinic," I made the folowing query, "What plant contains the largest per cent. of berberine?" and the editor said: "Hydrastis canadensis probably contains the largest percentage of berberine."

The following is from the "Waugh & Abbott Alkaloidal Therapeutics:"

"Macchiavelli and Reil testify also to its value in malaria, giving gr. 2-15 during the remission; Lascarato states that the contraction of the spleen caused by berberine is so powerful that over doses cause rupture of that organ, with fatal hemorrhage. If the spleen is degenerated there is no action; this shows the radical difference between berberine, a contractor of connective and muscular tissue, and ergotin and digitalin contractors of blood vessels. Berberine is useless in hemorrhages; the difference between the latter and quinine is also shown by the access of fever following the contraction of the spleen, for the parasites are thereby simply extruded into the blood, not killed. Therefore the treatment of malaria should include berberine to force the parasites out of the spleen into the circulation, and quinine and arsenic to destroy them."

Berberine has been used in chronic dysentery, infantile diarrhea, gastro-intestinal catarrhs, chronic malaria, leukemia, gonorrhea, dyspepsia, dilatation of the stomach, enlargement of the liver; and in other conditions.

It is tonic, stomachic, antipyretic, anti-periodic and cholagogue. Dose of the alkaloid and the salts, about 1 to 3 grains. Many authors recommend much larger doses.

Berberine is a non-toxic agent, and is safe in any ordinary dose.

Dean Spring, Ark.

TYPHOID FEVER AND CONDITIONS FAVORING IT IN THE SHENANDOAH VALLEY.

By C. W. CANAN, M. D., B. S., Ph. D.

The season is now at hand for typhoid fever. Cases continue to develop almost daily. Few if any seasons have been more favorable to its development than the present one. For the last sixty days there has been heavy showers every day with very few exceptions, and it has been a record-breaker for heat. The growth of weeds and vegetation in general is unparalleled for years. This growth is now rapidly decaying, furnishing suitable soil favorable to the growth of many kinds of bacteria, especially those of typhoid fever. The heavy rains have carried this, with all kinds of filth, into the earth to such a depth that but few wells and springs, and especially water supplies from streams, have escaped. The wells

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in this section have nearly all been affected by surface drainage; many are full to the curbing with water that smells badly. In others the water is the color of lye, so contaminated is it from the barn yards in close proximity. Each year we become more thoroughly convinced that water is the greatest media through which typhoid fever is conveyed into the alimentary canal of man, and we are also convinced that nearly all the cases that develop over this great land of ours could be prevented were the proper precautions taken. It is true that the bacilli of typhoid reach man through milk, oysters, shell fish and by flies, yet contaminated water outweighs them all. Is it any wonder that the number of typhoid cases increase each year when so many people are either skeptical to the germ theory or that it can be conveyed through food and water? Therefore, they take no precautions. Along the streams from which the many towns in the Shenandoah Valley procure their water supplies (with few exceptions) it is no uncommon sight to see the carcases of dead animals, pig-pens, cattle-pens, private slaughter houses, open privies, barn yards and heaps of manure and other rubbish that continually wash and drain into said streams.

Nor is this all, but families living along such streams have and continue to empty the vessels containing excreta from typhoid patients upon the hillsides along these streams to be carried into the stream by the first rain. There are some who are not content with this slightly uncertain way of poisoning humanity, but wash the vessels in the stream direct.

Turn from the water supply of these towns to the country, and you will find the condition but little improved. The wells and springs are generally below the house and outbuildings. On being called to a case of typhoid a few evenings ago, I naturally inquired about their water supply. The husband led the way. There I saw a spring in a little hollow, with house and privy on one slope, barn yard and hog-pens on the other. The location was such that all drained toward the spring. Had this surface drainage failed to find its way into the stream that supplied the spring it drained into a little branch that ran within six feet of the spring and overflowed it every heavy rain. To illustrate this condition more fully and what can be done by those who will take advice: Eight years ago I was called ten miles out into the country to see a case of typhoid. The father asked me to tell him why they had typhoid there every year or two for the last thirty years, and that several of his family had died with the disease. I asked to see the spring and its surroundings. Here I found a box sunk into a morass or swamp with stagnant water all around it; nor was this all, it was in a flat below the house, privy, barn yard, hog-pens and other outbuildings. The surroundings were badly kept and the drainage from all was toward the spring—if spring you could call it—for, in fact, it was not a respectable frog pond. I frankly told this man, pointing toward the spring, that there was the cause of all his trouble. As soon as the little patient had improved enough to warrant his recovery the father had a well boxed up on the rise above the house and all outbuildings. He found excellent water and not a case of fever has developed since. This case is almost an exception, from the fact that the owner was convinced and at once tried to prevent further trouble. All over this valley there are heads of families who have been told time and time again that their water supply was contaminated, and they have done nothing to correct or prevent it.

Even with such histories as the following, nothing has been done. Ten years ago there were eleven in this family—nine children and the parents. Typhoid broke out and carried out a son and daughter the first year. It has visited this house every year or two since, until now the mother and two daughters are all that survive, and at this writing one of the daughters is ill with the disease. Through all these years these people have been repeatedly warned by their physician and others who have been called in consultation that their well was contaminated. But they heeded it not, and are still using that fated water. The lives that could be saved, to say nothing of the suffering prevented, if people would only hearken to words of advice or warning from those in a position to know. They are always ready with an argument to either dodge the issue or vindicate their own ignorance on the subject.

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A few years ago we were called to see a case of typhoid in a family who used water from a mill race that ran hard by. This water came from a small stream on the banks of which were barn yards, still-houses, open privies, sawmills and many other kinds of filth. I told the father that his daughter's illness was due to that water and that the rest of the family were in danger. He at once became angry and said he did not believe it; that his grandfathers had lived and died there, and they or theirs had never had fever. This man never took into consideration that the conditions then and now had changed. During our grandfathers' time these streams ran through the native forest with nothing but the speckled trout or wild deer to disturb their limipid waters. Time has changed all this. The wooded hillsides are gone and in their places are fields containing houses, barn yards, decaying sawdust piles, the refuse from distilleries, manure heaps and other rubbish. All these the rains bring down into the streams and pollute their waters. With all the evidence that has accumulated in its favor, there are many persons who do not believe in the germ theory. We should not use the word theory; neither do we believe it should be used in literature in this connection. That it was once a theory is all right, but it is now a fact, that germs cause disease, and this is especially true in typhoid fever. There is no more doubt that the Eberth bacillus cause typhoid than there is about the sun that it furnishes us with light and heat. If the public would only take the time and pains to acquaint themselves with the facts in the case they could no longer help conquering their doubts and see that it is no longer a question of opinion, but one of facts. The skeptics to this theory claim that if we are continually eating, drinking and inhaling deadly germs that the race would soon be wiped from off the face of the earth; and as this does not occur the germ theory is a failure. This reasoning is just as wrong as that put forth by those who claim that if a stream was pure a century ago that it is pure to-day. That we are continually being brought in contact with not only non-pathogenic, but pathogenic germs as well, is a fact. Their distribution are such that we handle them, eat them, drink them and breathe them almost continually. They are in our clothing, in our water, in our food and in the air we breathe. If these are more or less contaminated, then, how much more careful we should be when handling and depositing the excreta from patients that are known to swarm with these deadly enemies. This being so, true, the skeptic will want to know the reason why all do not contract the disease. There are two reasons why we do not. The first is immunity, and the second is dose. There is within every individual that something we call immunity. This immunity may be hereditary or acquired, or both. While this protects us to a certain degree, we believe that upon the size of the dose nearly all depends. When the dose is small we escape; when large we succumb. Persons are different in their susceptibility; the dose one can take another cannot. This is why one is taken and the other left. As long as these deadly germs are highly diluted they are harmless; when highly concentrated they are fatal. A water supply may contain typhoid bacilli for a long time and no one contract the disease, because they enter the system few in number; but let the drainage of some barn yard find its way into it and all may change. This furnishes a soil or pabulum favorable to their growth, and the few may soon become many. Take this illustration: The nurse of a case of typhoid, without washing her hands, thoughtlessly handles some meat and leaves a few bacilli on it, or a fly fresh from the undisinfected stools of the patient shakes the germs that cling to his feet into the milk. These few so deposited will in a very short time become many. In a favorable soil and under favorable conditions bacteria will divide and subdivide and double their number every ten to twenty minutes. Most any person can make the calculation for himself and see how soon a few will become millions. The food and water that is harmless to-day may be poisonous to-morrow.

Every person (especially in a season like this) should be on their guard about their water supply and use every precaution to keep it from becoming contaminated. When once this occurs you can never know when the few may multiply into many and the disease develop. An ounce of prevention in this direction is worth many pounds of cure. When

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one case develops in a family there is no telling how many more may follow unless great precaution is taken by all concerned. A cup or glass used by the patient may be used by other members of the family before it is washed; a fly may carry the germs direct from the patient's lips or mouth and deposit them upon some article of food; the undisinfected stools or urine may find their way into the spring or well supply, thereby contaminating its water. The nurse and other persons handling the patient should always wash their hands after each handling. The cups and glasses used by the patient should be kept scrupulously clean after each using, and these should only be used by the patient. Flies should not be allowed in the sick room; cups and dishes containing milk and food should be at once removed from the sick chamber after the patient has been fed. The stools and urine should always be disinfected and buried in the earth below and away from all source of water supplies.

Orkney Springs, Va.

MEDICATED INHALATION.

By J. L. WOLFE, M. D.

The discoveries of Votch and others regarding the bacilla have given renewed impetus to the use of medicated inhalations, and although space will not be taken up with a full description of the special methods which properly belong to a special treatise, the general practitioner requires some suggestion which will be of some practical advantage in enabling him to decide as to the demand for medication of this particular kind. For some years past the whole attention of experimental physiologists has been given to the study of microbes, but more recently it has occurred to the minds of the more thoughtful clinicians that possibly the microbes do not altogether produce the bad effects with which they have been charged. It has been shown, experimentally, that microbes themselves may be destroyed, and yet, we may have, as a result of the ferment which attends upon their presence, the development of the most active poisons. A similar phenomenon may be witnessed in the stomach of the pig, after it has been killed; the ferment, that is the pepsin in the stomach, goes on with its work, and for a time digests just as it should have done had the animal been alive.

If such a ferment were actually secreted by the bacteria, it is but reasonable to suppose that it might be isolated by the new methods now open to investigators. But Moore, in 1887, decided against this theory, as he was unable to extract any ferment, such as he had been able to do with his investigations of the pancreas. Later investigations, however, have shown that Moore was in error, and that bacteria liquefy gelatin by means an enzyme, which not only can be isolated, but has also been found to remain active after the microbes from which it was obtained have been destroyed. It has been demonstrated further, that this ferment is similar to that obtained from the pancreas, in that it is most active in alkiline solutions, a fact which may enable us to account for the actively poisonous symptoms which follow its supposed entrance into the blood.

The suggestion has been advanced that by reason of the nearness of the indicated vapors or inhalations to the circulating fluid when inhaled, more can be accomplished than when our efforts are directed through the stomach. Again, it is urged that the mucous membranes of the upper air passages absorb suitable medicines if properly prepared, and that they are active in throwing off poisonous products which are constantly accumulating in the blood, and for these reasons the efficiency of medication conducted in this manner cannot be doubted.

For a long time some doubts existed as to the possibility of inhaled substances passing the glottis; but there is now no longer any question on this point, not only for vaporized substances, but for any substance which can be finely divided.

Having now admitted the presence of enzymes, as well as microbes, in the healthy as well as in the diseased pulmonary tissues, and having admitted, further, that medication could be conducted in such a manner that this particular area could be reached, the question arises as to whether or not this form of medication will be efficacious when supplemented by tissues, which are so active in performing their functions. If it were possible that all the microbes and enzymes could be collected in order

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and compelled to run the gauntlet of fresh air and medication, our chances would be greatly favored in the warfare against them; but we cannot forget that many of these active agents are constantly engaged in their deadly work, and for this reason, if for no other, we are forced to the conclusion that our treatment must be merely palliative. There still remains to be considered the fact that nature is conservative, and that poisons do not long continue in the body in a state of health, but are subject to almost constant changes; those which are present to-day may be gone to-morrow, and those coming to-morrow in a few days give place to others, which may or may not be harmless; and so it goes on from day to day. During an attack of pneumonia, for example, the physician finds that one day the symptoms of his patient are more favorable; but the following day there may be a change for the worse, and he is unable to account for the differences which occur from day to day. Treatment by inhalations should be conducted with a view to its effects upon the tissues with which the medication comes in contact and the objects for which its administration is followed. No substance should be inhaled which cannot be safely absorbed by the delicate tissues without effecting their proper strength and use, and from the fact that it would be difficult to counteract the effect of a lethal dose when taken in this manner, the interest of the patient will best be conserved by care on the part of the physician in deciding upon the amount of the dose.

Medicated inhalations are not confined to the treatment of pulmonary affections, but they may be used with great benefit in the treatment of catarrhal conditions, although some of the present methods are justly open to criticism. Excessive vaporization and inhalations of hot vapors cannot be otherwise than hurtful, because by this method the tissues are unduly relaxed, and the system in this condition is rendered less able to resist unfavorable influences, and doubtless, to this source may be traced many of the tender throats which are constantly coming under the observation of the general practitioner. Incipient specialists are much given to the use of atomizers. more, probably, for the purpose of impressing their patients with their ability to manage a medicine, than because they really expect to accomplish great results from a method which carries with it the causes which are well calculated to undermine the vitality of the tissues.

Cedar Falls, Iowa.

THE BEST ANTIPYRETIC.

By S. L. KILMER, M. D.

I desire to say a little something regarding one of the best, safest, speediest and most reliable antipyretics, and one which, I fear, is used much less frequently than some others much less meritorious, and at best much less frequently than it should be used.

The remedy, or treatment, to which I refer is none other than the old, reliable, time-honored external use of water of different and varying temperatures, according to the temperature and condition of the patient. Its proper use is not in the least dangerous, in great contrast in this respect to some of those remedies so frequently made use of, among which may be mentioned aconite, veratrum, the coal tar derivatives, large doses of quinine, etc., because its method of reducing temperature is more rational, and not by a "knock-out" blow given the system of the patient, thus destroying his vitality below the point at which he can generate heat, as is so apt to be the case with some at least of the commonly-used antipyretic drugs.

Bathing produces a feeling of rest and recuperation, and the rapidity with which the patient after bathing passes from a condition of great restlessness into a quiet and restful sleep is astonishing to those not familiar with it.

In my experience it has seldom been necessary to make use of a plunge or tub bath to reduce fever. A temperature of 105 degrees or higher usually subsides three or four degrees within fifteen minutes of body sponging, and a little careful attention enables an intelligent and capable nurse to keep it below any given point with little labor or difficulty, and it is surprising to note how much shorter the duration of a fever is under this method of reduction than under the use of antipyretic drugs. A reasonable explanation for it appears to me to be that in this manner the temperature is reduced—not at the expense of the bodily

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vitality and strength—but by their retention and the system is thus better able to cope with the disease and throw it off.

The temperature of the water used in the sponging should be regulated according to the temperature and condition of the patient. My general practice is to keep it two or three degrees below the temperature of the patient, although in very high temperature in a very hearty and sthenic individual with symptoms of impending gravity present it might be safe to have it colder than that; but my results have been all that could be asked.

After sponging the patient all over his body, front, back and sides, and the extremities, for five, ten or fiteen minutes, the temperature usually subsides three or four degrees; the patient is then covered with a sheet and permitted to rest a while; in fact, he is generally taking a restful sleep by this time; a constant vigil is maintained and when the temperature has risen a degree the sponging is repeated until it has receded to the former low point or lower. After three or four ineffectual attempts to rise it appears to become discouraged and gives up the effort, and what abnormal temperature remains usually quite speedily subsides of its own accord, and as the patient is not depressed by the use of powerful internal drugs, which might then still be active and more or less injurious, he is in a vigorous condition and enters upon a period of rapid convalescence. In case the water used is too cold, or the patient very feeble, the temperature may subside very rapidly and a condition of collapse ensue, requiring the application of heat externally and of stimulants internally. This condition will be avoided after a little experience and observation, and can seldom be required, as water of a temperature of two or three degrees lower than the fever, used as above stated, brings down the temperature speedily enough and without the shock and collapse incident to the use of very cold water or the plunge or tub bath.

Bathing, in addition to increasing the activity of the skin, so beneficial in the reduction of temperature, improves it by cleansing it of former accumulations of impurities and again removes that which accumulates as the result of the functional activity, and thus assists in maintaining the beneficial cycle and enhances and expedites the recovery of the patient.

This treatment, it appears to me, is justified in all fevers except those attending eruptive diseases, and it is a question whether even in those diseases warm bathing, the water being a few degrees or more warmer than the patient, would not be beneficial by increasing the functional activity of the skin, which is likely to be impaired by the eruption.

In the summer complaints of children, so prevalent during the protracted hot term of this season, in which children under a year suffered so greatly, almost roasting in many instances, with temperatures running from 102 to 105 and higher, with vomiting and purging, sunken eyes and hollow cheeks, hot heads and convulsions imminent and frequently present, the above treatment has been most gratifying in results and astonishing to the families and friends of the patients. Where the head was very hot, as it was in most cases, it was wrapped up in cloths wrung out of cold water until the temperature subsided. The patients were kept in the coolest part of the houses or taken out under the trees in the shade or on the shady side of the houses, or across the street where a cool place could be found, the clothes surrounding them frequently changed because of their heat, and when the fever had subsided and the little patients were kept in cool places very little further medical treatment was required to insure prompt recovery.

In my opinion, good judgment should always be used in the administration of drugs, and they should not be given where some other treatment produces better results. I fear that anxiety to produce results ofttimes leads to the use of drugs in indiscriminate and indiscreet quantities.

South Bend, Ind.

THERAPEUTIC NOTES ON SULPHUR.

By W. T. Marrs, M. D.

Potter states that sulphur would be more generally used if it cost a dollar an ounce instead of ten cents a pound. Sulphur administered internally and used

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locally in the form of compounds and mixtures, is a valuable therapeutic agent in many conditions. One of its most useful indications is in eczemas and skin diseases, accompanied by a suppurative condition, as in case of boils, papular eruptions, etc.

Ichthyol has had a quite general use for a number of years. It is a preparation obtained from a bitumen found in the Tyrol, and is regarded as the residue of extinct fishes. It contains sulphur in the proportion of about 8 per cent., is soluble in ether and alcohol, and mixes with vaseline, oils and lard. Calcium sulphide, called by the homeopaths "hepar sulphur," is prepared by mixing equal parts of powdered oyster shells and sublimed sulphur and heating to a white heat in a hermetically sealed crucible. Sulphur is a constituent of several official compounds, among them sulphuretted potassa, iodide of sulphur and sulphuretted hydrogen.

Ichthyol is a useful remedy, but has a few disagreeable qualities, which, for esthetic reasons, often makes its employment impossible. It has a very persistent, nauseous odor, and permanently stains linen. Thigenol is an elegant, efficient substitute for ichthyol that has come into use more recently. It is an organic compound containing 10 per cent. of sulphur. It is odorless on use, whether employed pure or in ointment solutions, tampons or suppositories. Thigenol is quite soluble in distilled water and for internal use is a valuable agent for many conditions. The slight taste is overcome by the addition of peppermint water. It should not be used with acids. Thigenol applied locally has an astringent and constricting effect upon the blood vessels, and is strongly antiphlogistic. That this product is gaining a therapeutic prominence is evidenced by the folowing from Volume VIII, Series 1905, of the Year Book of Medicine, Chicago:

Thigenol.—This preparation has been used and most heartily indorsed by P. Batigne as of especial value in gynecologic affections. The product is an oleosulphonate of sodium, containing the organic sulphur in solution. It is a dark brown liquid of syrupy consistency. It is applied in pelvic inflammations in the form of tampons. The writer mixes the remedy with glycerin and advises it to be used in very strong solution, even to 40 per cent. He claims it to be of the greatest efficacy in the inflammations of the various pelvic organs, relieving the pain and depleting the tissues.

R. H. Theyson (Maryland Medical Journal, Oct., 1904) refers to the remarkably prompt anodyne effect of thigenol in burns. He also mentions the excellent results obtained from its use in erysipelas, atrophic rhinitis and cracked nipples.

In various diseases peculiar to women —cervical catarrh, endometritis, parametritis, perimetritis, salpingitis, oophoritis, pyosalpinx, etc.—thigenol is particularly useful. It is in this category of diseases that the odorless medicament is most highly appreciated by patient and physician. Women are usually very sensitive about carrying a telltale odor with them. That my clientele is not peculiar in this respect is evidenced in some statements made by Dr. S. J. McNutt, Albany, N. Y. (Medical Record, Nov. 11, 1905), in a paper on "Non-Operative Gynecology." Dr. McNutt states that "thigenol is as valuable as ichthyol, while it has the advantage of being odorless. The stains made by it on linen can be quickly removed, and it is non-irritating and antiphlogistic. It is used in solution in glycerin in 8 to 20 per cent. on tampons."

My experience with thigenol confirms the opinions I have just quoted. In addition I find it yields good results in hemorrhoids, eczemas, acne and other skin affections. As synergists or bases any one or more of the following may often be advantageously incorporated with thigenol: Vaseline, glycerin, lanolin, alcohol, lead, oxide of zinc, olive oil, collodion, tannin and balsam of Peru.

I might have written a few lines upon thiol, a new sulphur compound, but my experience with it has been very limited. My experience with thigenol has been so gratifying that I regard it an ideal sulphur product.

Peoria Heights, Ill.

Blood Poisoning.—Experiments made in Germany on animals go to prove that the intavenous injection of antiseptics are of no value in blood poisoning, but good results are recorded from hot baths, which promote elimination by the skin and lymphatic system.

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Medical Progress

Under this head we endeavor to present a condensed summary of practical medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

TREATMENT OF CHRONIC INTERMITTENTS.

Dr. Delaney reports two cases, as follows:

John H., aged 18, came to me to be treated for chronic chills of three years' standing; he was very weak and pale, and had a spleen that extended almost into the pelvis. I gave him one-grain doses of podophyllin, rubbed up well with twenty grains of sacch. lact. every two hours, and followed them with ten doses of quinine of three grains each. After he had finished the quinine I gave him the following tonic:

℞—Cinchonidæ sulph. .....3 j
Tr. ferri chlor.....ʒ j
Strychniæ sulph. .....gr. j
Aquæ, q. s.....ʒ iv
M. Sig.—Teaspoonful before each meal, in water.

He never to this day has had a return of the chills.

Mrs. A. C., aged 26, has had chills off and on for over one year. Previously to her residence in this place she had never had a chill, and when she first came to Arkansas was the very picture of health. Now she is pale, without any appetite or strength. The spleen is enormously enlarged, extending almost to the pelvis; the liver is also enlarged and tender; furthermore, she has had all kinds of treatment, with no permanent benefit. I gave her the following:

℞—Hydrarg. chlor. mite.....gr. x
Podophyllin res. .....gr. v
Sacch. lact. .....gr. lxxx
M. ft. chart No. v. Sig.—One every two hours. After these had produced a profuse catharsis she was given the following:

℞—Quiniæ sulph. .....ʒ ij
Pul. capsici .....gr. x
M. ft. caps. No. x. Sig.—One every two hours.

This was all that she was given, and the chills have not returned to this day, although almost ten months have elapsed since she was treated by me.

I could report fifty or one hundred such cases, and the results have been almost identically the same, that of a perfect success.

A GOOD STYPTIC.

Mr. C. C. Matthews, of Cisco, Tex., in a recent issue of *The Medical Era* says:

I have had good success with the following in excessive nose bleeding:

℞—Powd. alum .....3 j
Potass. permangan. .....gr. iij
Acid carbolic .....gtts. xx
Aqua, q. s.....ʒ iv
M. S.—Shake and inject up the nose every few seconds with any ordinary syringe till hemorrhage is checked. This prescription cannot be excelled, and I do not believe it can be improved upon as a good, reliable remedy for uterine hemorrhage and in cancer.

TREATMENT OF LUMBAGO.

Dr. George S. Eveleth states that the majority of cases of lumbago occur in males who are engaged in some active occupation. Lumbago is probably due to some chemical change in the tissue fluids, due to the lowering of the surface temperature.

The indications for treatment are chiefly two: First, the administration of alkalies, and, second, remedies to hasten elimination. Salicylic acid, sodium salicylate, the various salts of ammonium and potassium are indicated. The combination that has always done the author the quickest and most effective service, especially in plethoric, robust patients, has been:

℞—Tinct. nucis vomicæ.....3 iij
Tinct. colchici .....3 iij
Liq. potassi hydroxidi.....3 iij
Tinct. gentianæ comp....ad. ʒ vj
M. Sig.—Teaspoonful in a glass of water every four hours.

N. Y. Medical Journal.

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CHRONIC NASAL CATARRH.

Dr. Paulding, of Arroya Grande, Cal., states that after applying many of the usual remedies for chronic nasal catarrh, and also after using systemic treatment with little success, began with the following, the principle of which he saw applied by Dr. Thomas Winslow, of Oakland, Cal., two years before with satisfactory results in hypertrophic rhinitis. This method will cure the average case in twelve, and the most stubborn in twenty treatments. It is as follows: Spray the nasal cavities thoroughly with Dobell's solution. Introduce a cotton-wrapped probe saturated with a 20 to 25 per cent. solution of a colloid silver preparation, and allow to remain on each side from five to ten minutes. Withdraw probe and by means of a nebulizer spray each cavity with some oily protective, preferably the chloretone inhalent. Treat every day for a week, every other day for a week, and then allow patient to use Dobell's solution and chloretone for a month. He must report at once if he "catches cold." If he does an adrenalin inhalent is applied by the nebulizer to the nasal mucous membrane.—*Medical Council.*

WHOOPING-COUGH.

Dr. T. C. Horter, of Bloomsburg, Pa., says:

The bases of my treatment are isolation, good hygiene and the avoidance of too much drugging. We have as yet no specific remedy for the disease, the most important thing in most cases being the hygiene. During the spasms inhalations like cresolene, creosote or any good antiseptic, are useful. In severe cases I administer chloroform. Internally belladonna, bromoform quinine or some of the coal tar preparations, such as antipyrin. Locally I apply camphor, cresolene, and some mild irritant to stimulate the respiratory mechanism.

I have not found nephritis very frequent. I try to avoid it by carefully watching the action of the kidneys. Conjunctivitis is quite common, in which case I use any mild remedy suitable to control the inflammation as much as possible. I have seen pertussis followed by loss of voice and paralysis.—*Med. Standard.*

FOR NERVOUS HEADACHE.

Dr. D. L. Field, of Jeffersonville, Ind., says that "a good prescription in nervous headache" is:

℞—Ammonium chlorid. .....3 ij
Morphine acetat. .....gr. j
Caffeine citrat. .....3 ss
Aromatic spirit ammon.....3 j
Elixir guarana,
Peppermint water .....aa ℥ iv

M. Sig.—A dessertspoonful every half hour until relief is obtained.

For neuralgic headaches he recommends the following:

℞—Antipyrine ... .3 j
Camphor monobromide,
Caffeine citrat. .....aa. gr. xiv

M. Ft. Caps. No. xxiv. Sig.—One or two every four hours.

Or:

℞—Camphor monobromide ..gr. xiv
Euquinine ... .3 j
Ext. hyoscyamus .....gr. vj

M. Ft. Caps. No. xii. Sig.—One every four hours.—*St. Louis Medical Review.*

THE WHITE PLAGUE.

Dr. H. Jerard, of Pleasant Hill, Mo., is in accord with the view of Dr. T. J. Mays, of Philadelphia, that consumption is a nervous disease in its origin. He regards the fact that the metabolic processes are under the control of the nervous system, as being a great element in predisposition, and referred to the disproportionate increase of tuberculosis—an increase amounting to 300 per cent.—among the negroes, as compared with the whites since 1860, as being, in his opinion, due in a great measure to the care, worry, and consequent nervous strain upon them in the effort to make a living as compared with their absence of anxiety under the old regime. The marked increase of insanity among the colored people in the same period he regarded as additional evidence that the brain and nervous system were at fault. "We take it," he said, "that consumption in its worst features comes from within rather than from without, nor do we wish to be understood to say that pulmonary consumption can come with-

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out the infection by the bacillus of Koch, but that the condition of the patient enabling him to become infected is the condition of combat." He referred to the rigid sanitation and segregation laws, in force in past centuries in Italian cities, on the idea that consumption was contagious, and said "still we find many medical men and the people just now about ready to repeat their follies, for it did not lessen the disease in the least." He, however, came down to the point that the mortality of consumption was largely dependent upon the fact that we did not see our cases as a rule, or did not recognize the nature of the infection, until secondary infection had taken place.—*Medical Review.*

CONSERVATIVE SURGERY.

Dr. F. W. Hauder, Beaumont, Texas, gives some highly interesting experiences with the use of antiphlogistine, in a paper read before the South Texas Medical Association.

Among other cases he relates that of a young man about 27 years of age, who recovered from an attack of appendicitis after refusing an operation which was very urgently advised.

A persistent application of antiphlogistine cured a case of osteo-myelitis of the femur, after effective scraping of the bone failed to cure.

"Multiples of these minor cases could be given where the knife was seemingly indicated, but which rapidly yielded to the local applications."

Practical experience of this kind outweighs all eulogistic comment.

REMOVAL OF TATTOO-MARKS.

In reply to an inquiry how to successfully remove tattoo marks, Dr. Abdulla Munji, says in Practical Medicine, of India: I would suggest him to try one of the following for removing tattoo disfigurements, and to report his experiences thereon in your valuable journal.

(1) The parts should be sponged with mercuric chloride solution 1-1000 and afterwards treated with a solution of 3 parts of zinc chloride in 4 parts of boiled water.

The application of this forms a crust over the parts which in a week or so falls off and brings away much of the tattooed part with it, in some cases all. It may be needful to repeat the application.

(2) The following application should be used locally three or four times daily:

℞ Papain. .....3 iss
Acid hydrochl. dil. .....m xv
Aquæ distil. .....℥ j
Glycerin .....℥ iij

M. Rub the papain in a mortar while adding the mixture of water and acid. Allow the paste to stand an hour, and add the glycerin and in three hours filter.

TONSILLITIS.

℞ Sat. sol. potass. chlorate.....℥ iv
Potass. bichromate.....gr. ij
Tinct. iodine .....3 ss
Tinct. iron.....3 j

M. Sig.—Use as gargle one teaspoonful every two or three hours. For children, use with swab. This will cure every time. Don't forget to try it in your worst case and you will never have to use the knife. Mix as written.—*Medical World.*

VALUABLE FORMULAS.

FOR TUBERCULOUS COUGH.

℞ Terpine .....gr. 15
Codein.
Ext. hyoscyamus.....aa gr. 1 1-2
Ext. belladonna .....gr. 3-4
Mass cynoglossum .....gr. 7-1-2

M. Divide into ten pills. Sig.—Four to be taken in the course of twenty-four hours, between meals.

FOR ACUTE GASTRITIS.

℞ Acid hydrocyan. dil.....3 j
Aq. laurocerasi .....℥ ij

M. Sig.—3 j every two or three hours.

℞ Liq. calcis,
Aq. cinnam. .....aa℥ iss

M. Sig.—3 j t. i. d., dissolve in water fifteen minutes.

FOR CATARRHAL PNEUMONIA.

℞ Ammon. carb. .....gr. xxiv
Syr. tolu .....3 vj
Spt. vini gal. .....3 iij
Syr. senegæ .....3 iiiss
Syr. acaciæ .....q. s. ad ℥ iij

M. Sig.—Teaspoonful every two hours for a child of two or three years.

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FOR CHRONIC GASTRITIS.

℞ Infus. rhei. .....℥ ss
Tinct. gentian. .....m. xxx
Sod. bicarb. .....gr. x
Spir. chloroform .....m. x
Aq. menth. pip. .....ad ℥ j

M. Sig.—To be taken before meals. (Chronic form with flatulence.)

℞ Bismuth subnit. .....gr. x-xxx
Sod. bicarb. .....gr. x

M. Ft. in pulv. No. j. Sig.—For acidity, after meals.

℞ Ol. succin. rectific. .....℥ ss
Mist. acaciæ. .....℥ iiss

M. Sig.—3 j t. i. d., after meals.

FOR ERYSIPELAS OF THE FACE.

℞ Acid. carbolic .....gr. xxx
Tinct. iodini .....gr. xxx
Alcoholis .....gr. xxx
Ol. terebinth .....gr. lx
Glycerini .....gr xc

M. Sig.—Paint leisons with this liniment every two hours and cover with aseptic tarlatan.

ANTINEURALGIA PILLF.

℞ Strychninæ sulph. .....gr. j
Quininæ sulph. .....3 j
Ferri redacti .....gr. xv
Ext. gentianæ .....3 ss

M. Ft. pil. No. lx. Sig.—One three times a day.

NITROGLYCERIN FOR SCIATICA.

℞ Solution of nitroglycerin (1 per cent.) .....3 ss
Tinct. capsicum .....3 iss
Peppermint aq. .....3 iij

M. Sig.—Five drops thrice daily in a tablespoonful of water, for the first three days, then ten drops thrice daily on the subsequent days.

FOR INCONTINENCE OF URINE.

℞ Strychnine .....gr. j
Acidi acetici. .....gtt. ij
Sacchari alb. .....ʒ ij
Aquæ dist. .....3 ij

Ft. Solutis.

M. Sig.—Fifteen to thirty drops for a child six to twelve years old.

COUGH MIXTURE.

℞ Ext. pruni virg. .....3 j
Aq. camphor .....3 vij
Glycerin .....3 j

M. Sig.—Teaspoonful every two to four hours.

FOR RHEUMATIC OR MUSCULAR PAINS

℞ Chlor. puræ .....3 v
Tinct. opii,
Acidi salicylici .....aa 3 iv
Spir. vini rect. .....℥ iv
Ol. dulcis .....q. s. ad. ℥ xij

M. Sig.—This should be rubbed into the parts thoroughly or applied by means of flannel cloths.

FOR ACUTE BRONCHITIS IN CHILDREN.

℞ Phenacetin .....gr. xii-xxiv
Caffein .....gr. i-ij

M. Div. in chart. No. xij. Sig.—Give one powder every four hours.

FOR FRECKLES.

℞ Potass. carbonat. .....3 iij
Sodii chlor. .....3 ij
Aq. aurant. flor. .....℥ ij
Aq. rosæ .....ad. ℥ viij

M. Sig.—Use night and morning.

Or:

℞ Hydrarg. ammoniat.,
Bismuth subnit. .....aa 3 j
Glycer. amyli. .....℥ iv

M. Sig.—Apply every second day.

THE OLD AND THE NEW.

It is but natural for a physician to have confidence in the drugs he has learned to use well, and from which he has obtained good results. We are far from condemning so natural a tendency, in which we all share. But this conservatism is the chief obstacle in the way of progress, since it arrays our sympathies against improvement. We believe that it is impossible to resuscitate the old materia medica and with it win back the people; for its known uncertainties, the reason for which has now been clearly demonstrated, compel us to acknowledge its absolute inutility. Science is built only on demonstrable certainty and galenical therapy is guesswork in the extreme.—*Am. Jour. of Med.*

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Notes and Queries.

FOR this department we cordially invite questions, comments and criticisms on all topics of interest to the physician in his daily work for the relief of the sick, thus making the Summary a valuable medium for intercommunication between the medical profession.

Correspondents will give their names and addresses, but initials only will be printed when desired.

The queries in this issue lawait lthe Answers which our intelligent readers may be pleased lto contribute for publication in our next.

HEMATEMESIS.

Editor Medical Summary:

This paper is based upon personal experience in many cases of this disease, but reveals nothing especially new.

Hematemesis is usually preceded by nausea, distress or pain of the stomach, or indigestion, a feeble pulse, pallor, sighing, and other signs of faintness.

The blood is sometimes vomited in considerable quantities, and often mixed with food. Dark colored or altered blood is ejected from the bowels. Purulomucus matter mingled with blood vomited indicates ulcer.

The hemorrhage may be acute or chronic; the latter is the more dangerous, as it indicates disease of the abdominal viscera.

It might be well enough here to state certain differences between hemorrhages from lungs or stomach:

In hemorrhage from the stomach the blood is of a dark color, while that from the lungs is of a bright red color.

The blood is vomited from the stomach, while it is generally coughed up from the lungs.

When from the stomach, it is often mixed with food, while from the lungs it is frothy, and mixed with sputa.

In hematemesis there is nausea and stomach distress, while in hemoptysis it is often preceded by pain in the chest and dyspnea.

Blood is generally passed with the evacuations from the bowels in hemorrhage from the stomach, but in the other case blood is not found in the stools, excepting in the case of children, who sometimes swallow the blood coughed up from the lungs, which later appears in the stools, a condition that came under my observation about two weeks ago in the case of a babe that drew an open safety pin into its trachea, which afterward lodged in the right bronchial tube, producing profuse hemorrhages, which seriously threatened the little one's life. In this case the stools were tarry, showing the presence of blood, but all symptoms cleared up a few days later when the babe coughed up the offending safety pin.

In hematemesis I have found the fluid extract of geranium in teaspoonful doses every hour a most excellent remedy, also full doses of bismuth subnit., extra hamamelis fl., adrenalin chloride sol., but better than any of these (if only one is used, which ordinarily is not advisable) atropine sulph. 1-100 to 1-50 gr. hypodermically.

In cases of vicarious hemorrhage, as in that of females when bleeding from the nose or stomach takes the place of the normal menstrual discharge, the treatment should be directed to the correcting of the abnormality in the monthly function.

Calmness and judgment should be exercised, or the discharge of blood may cause alarm in the minds of patient and friends, and unfit them for carrying out the measures necessary for the safety, or even life of the sufferer.

The patient should immediately lie down upon a sofa or mattress, with the head and shoulders elevated; all tight-fitting clothes should be removed or loosened, quiet maintained, and no talking, crowding, noise or confusion permitted; the room should at the same time he kept cool and airy at about 55 Fahr. Ice is a most useful agent for arresting hematemesis, and it should be swallowed in small pieces, often repeated; it then comes in more immediate contact with, and tends to constrict the bleeding vessels.

It is also important in hemorrhage from the stomach, that the organ have perfect rest. As long as any tendency to hemorrhage continues the patient should remain in bed, and take nothing by the mouth except sips of ice water.

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Food, such as beef tea, milk, etc., should be given per rectum.

Should faintness occur, no alarm need be felt, as this is often nature's method of arresting hemorrhage. After the bleeding the patient should still be kept cool and quiet, and the diet be light and unstimulating, while the posture of the body should be such as to favor the return of blood from the bleeding organ. Should the faintness persist, iced champagne is often an excellent restorative, and not likely to induce vomiting.

W. E. PUTNAM, M. D.,
Surgeon-General of Vermont.
Burlington, Vt.

THE GERM THEORY.

Editor Medical Summary:

The investigations recorded here will set at rest the statement that germs are incidental to disease only.

Where germs are found the factors of ill health and debility are predisposing causes. A man in good condition may and does resist disease, but when he becomes ill from any disease we may expect to find the germs more active.

Dr. Leonigs is without question correct.

Dr. H. H. Leonigs, in the study of bacteria in the mouth, reaches the following results:

In twenty examinations of clean mouths the greatest number contained staphylococci, fifteen micrococcus tetragenous, and five sarcinæ all shapes and sizes of bacilli, both motile and non-motile, spore-forming and non-spore-forming, and long and short spirillæ. Streptococcus was noted in two cases. Bacillus subtilis, bacillus acidi lactici and bacillus butylicus were also found. In three cases bacilli coli communis and in one case bacillus prodigiosus were found.

Large numbers of acid and gas producing germs were discovered. Pneumococcus were found in eight cases. In ordinary kept mouths the putrefactive micro-organism is especially numerous, and in two cases showed the presence of influenza bacillus.

In filthy mouths he found thrush and millions of bacteria, of which many were virulent. In some the pneumococcus and putrefactive bacteria.

The tobacco chewer's mouth the staphylococcous pyogenes, albus aureus, streptococcus pyogenes and many acid and gas producers, as well as puetrefactive bacteria and fungi sarcinæ were found. The yeast fungus and influenza bacillus and Frieldlanden bacillus were isolated.

It will be seen that even in healthy mouths both pyogenic and pathogenic micro-organisms are present, and he reaches the following conclusion as to the best method of cleansing the mouth:

Thoroughly scrubbing the gums with a stiff brush and warm soap water, and afterward rinsing with normal salt solution and rubbing with sterile gauze from two to five minutes. This, supplemented by rinsing with antiseptics, will render the mouth sterile.

LUIGI GALVANI DOANE, M. D.,
New York City.

TREATMENT OF ERYSIPELAS.

Editor Medical Summary:

In the treatment of erysipelas local remedies are, in my opinion, as important as internal remedies, and should not be neglected.

Iodine is used locally in the treatment of erysipelas more than any other remedy. It is a valuable remedy for this purpose, and, according to my experience, is more important than nitrate of silver solution or bichloride solution.

I have found that a combination of sodium bicarbonate and lobelia is of value when used locally.

Iron subsulphate is of some value when a weak solution is used locally.

The application of carbolic acid applied until the parts turn white, then followed with alcohol, is good.

Another good treatment is to thoroughly wet the parts with coal oil and then varnish all the diseased parts and over the edges a little with some good varnish that will thoroughly exclude the air.

The external use of mud has given very good results when the right kind of clay was used.

The white of an egg, beaten to a froth and applied on a clean cloth as needed, is said to be of great value in any case of erysipelas.

A mixture of chloroform and oil of

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sassafras, each one part, and castor oil, two parts, applied every two hours, is a good local remedy. I was told by a friend who had used this that it would actually abort the disease in a short time, and ease the pain at once.

Dr. Waugh uses internal remedies only. He gives pilocarpine in sthenic cases, and iron in asthenic cases.

Rhus is of value in some cases.

Eliminants such as purgatives, diuretics and diaphoretics and tonics are the most important internal remedies in the treatment of erysipelas. The late Dr. Ben H. Brodnax claimed that three 10-grain doses of calomel given alternately with three 20-grain doses of niter had aborted the disease inside of 24 hours in all his cases. He used them every half hour, beginning with the calomel. I used this in two cases, failed with one and cured the other.

JOHN ALBERT BURNETT, M. D.
Dean Springs, Ark.

NOTES ON PRACTICE.

Editor Medical Summary:

About two weeks ago a patient came into the office with a high temperature, increased pulse rate, but somewhat lower in ratio to the temperature, which was almost 104 degrees F. His tongue was heavily coated and red around the edges. He was weak and nervous, as he had been sick about a week before he consulted a physician. Typhoid fever showed up plainly, and he was given echafolta, one-half strength, every two to three hours, with good doses of saline laxative to clean out the *primæ viæ*, with intestinal antiseptic tablets, six to eight a day. All food was forbidden, except Wampole's grana-pepton, a tablespoonful three to four times a day, for nourishment. The patient was put to bed and Epsom salt baths, a tablespoonful to a pint of water, with a temperature of the chill just taken off. These baths were given three to four times a day. The bowels were flushed out every day with ample doses of saline laxative. The temperature stubbornly resisted in falling any degree for the first five or six days, but showed that it had got a good hold on its victim. Every afternoon showed the typical rise of temperature, with morning fall. At present writing his temperature has come down to 100 for morning range, and he is doing well. At no time did I have any abdominal distension or tympanitis. I don't think it will develop in any case if seen in time, and treated with the proper remedies. Among these I sincerely believe echafolta in good doses, holds first place. This I have learned by experience and observation in typical cases. It is one of the best, if not the best, systemic antiseptics that we have at our command to-day, and can be used in heroic doses, with no fear of any toxic or accumulative effects. It gets after the poison in the system, and does the work. It is good in any stomach or systemic or intestinal derangement where there are toxins causing trouble; indeed I do not think it comes amiss in any abnormal condition. It is fine in gonorrhea, internally. Externally for wounds or sores, diluted, it is without a rival. The only thing is its cost, but it is the cheapest, after all, for it does the work.

I am now reading Dr. Burgess's book entitled "The New Field," and it is certainly a *multum in parvo*. It is a mine of practical facts, backed by years of experience, tests and proofs. I would advise any doctor who has not already read it to get the little book. It will be a good investment.

S. D. SOUR, M. D.
Virginia, Minn.

A FEW PRACTICAL BEDSIDE MEMORANDA.

Editor Medical Summary:

The following are a few pointers that I have gathered during years of practice, and trust they may prove of value to at least some of the 10,000 SUMMARY readers:

A good remedy for diarrhea in children is:

℞—Mercury with chalk,
Pulv. hydrastis.....aa gr. ss
Bismuth subnit .....gr. x

M. Sig.—This is one dose for a child, to be repeated every 2, 3 or 4 hours, as needed. The mercury with chalk stimulates the liver, a very important thing in most all summer diarrheas; the hydrastis soothes the inflamed mucous membrane and gives strength to the pa-

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tient, and the bismuth acts as an astringent. Osler speaks of mercury with chalk as being of more value in diarrhea than calomel. He also speaks of large doses of bismuth subnitrate being necessary in diarrhea. It is a well-known fact that large doses of bismuth are essential when it is used, as it is its mechanical effect that does the work. Buckley's uterine tonic, improved formula, is useful in all congestive, pathological conditions of the pelvic vicera, and has a wide range of action in diseases of women, as it will cure or benefit most all disorders of the female reproductive organs. The dose is one pill every two to four hours, as needed. Cardiac stimulant, the formula of each pill is cactin gr. 1-67, quinine arsenate gr. 1-6, strychnine arsenate gr. 1-67, capsicin gr. 1-67, is an important compound in many diseased conditions, as it energizes and sustains the heart in general debilities, nocturinal toxemias and in all heart waverings. This compound can be used as a tonic in general debility and during convalescence from exhaustive diseases, such as typhoid fever and pneumonia. In low forms of malaria, as well as in other diseases where the circulation is weak, it will stimulate the vital forces and cause other remedies to take effect much quicker and better. Many cases of pneumonia in the last stage die from heart exhaustion or large doses of digitalis, when if this compound was used they would get well, as it not only sustains the heart, but the entire vital powers. Dose.—One or more pills three to six times a day. Antiscorbutic, each tablet contains calcium iodized gr. 1-3, plytolaccin gr. 1-3, stillingia gr. 1-6, arsenic iodide gr. 1-67, nuclein gtts. 4, is a good substitute for potassium iodide and can be used in most all conditions where the iodides are now used, with better results than the iodides will give.

This compound is a systemic antiseptic, which makes it of value in a great variety of diseases. Its alterative effect can be depended upon whenever an alterative is indicated, and its constructive effect makes it of value in all diseases due to fatty metabolism and retrograde tissue change. It is of value in glandular envolvements, mumps, the strumous diathesis, threatened abscess of the mammae in women and in inflammation of the testicle in the male, and it should be remembered in chronic malaria with enlargement of the spleen. Many forms of skin diseases can be cured with it, and I have obtained good results from it in old obscure chronic throat troubles that would not yield to the usual remedies. It is excellent for weakly, undeveloped children, and especially those that have running ears and "risings" in the head. It should be used in connection with calcium lactophosphate when the teeth rot or when they are not good and sound. Dose.—One tablet three or four times daily after meals. I have recently found a good purgative for torpid livers and constipation. It is equal parts of Culver's root (leptandra virginica), iris versicolor, aloes and gamboge, all in powder. Fill No. 1 capsules and give one every three hours until the desired effect is produced.

If a patient is real hard to work fill No. 00 capsules and give one to four each day and it will do the work for them every time.

A No. 00 capsule will hold 10 to 12 grains.

This is a cheap remedy for country physicians, who are poorly paid, and have to furnish their own drugs.

JOHN ALBERT BURNETT, M. D.
Dean Spring, Arkansas.

STATIC ELECTRICITY.

Editor Medical Summary:

A correspondent in the last SUMMARY asks for some points on this aspect of electric force as a therapeutic agent, and as I was the first physician, except Dr. Garrett, of Boston, to use or advocate electricity in medicine—now forty-nine years ago—I give a few items in answer to the query involved.

Thirty years ago in the Philadelphia County Medical Society I said at the opening of a lecture that "Static electricity was the most important form in which energy of this nature could be used," and I was criticised by one of those who knew nothing then about the matter; and most of the spectators neither knew more than my critic then or since. The average doctor uses simply the cheapest faradic machine he can get and, therefore, obtains nothing from electricity. A good switchboard costs anywhere from a hundred and fifty dollars to a thousand, and a static machine can't be got for

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less than five hundred dollars unless it is a second-hand one, and then you are maybe taken in, for its sale was because it was no good. Of course, coils may be had for less than this, and with an expert one can get static currents and X-ray effects from a good coil; but we have to be careful with them—they burn out in no time if overloaded. The advantage of static electricity is in the enormous pressure or voltage, amounting to hundreds of thousands or in good machines such as my own, to millions. The ampere capacity is very low, indeed—only about one-quarter of a milliampere—and hence effects on the cellular structure such as we obtain from galvanism are out of the question. However, we need electricity mostly as a tonic or to affect the imagination of the widely-spread nervous class, and here static electricity comes in splendidly—its almost marvelous looks, with the hot sparks when employed with the condensers, give patients a degree of astonishment that the silent and little-felt galvanic current cannot do. Then, again, the current when condensers are disconnected, are so unique in their soothing capacity as to overcome both galvanism and faradism. We also must appeal to either the static multiplier or to a coil for X-ray purposes, so here static machines have a field of their own exclusively. The sedative effects of static electricity cannot be obtained elsewhere—from faradism or from galvanism. In such disorders as lumbago, muscular rheumatism, neuralgias, spasm, pleuritis and allied neurosis or muscular affections static electricity cannot be overestimated—it is simply marvelous where properly employed and scientifically given. Much nonsense is twaddled about as to the varieties of static applications—we have but two—the spark and the breeze. No good is had through the so-called "grounding" in varied shapes—give the patient sparks up to toleration, which varies in all, or switch out the leydens and send the breeze through and around the entire person from head to foot. Of course you can manipulate the great array of mechanism which makers attach to their own particular productions and which they advertise as being great contraptions, but the whole business is comprised in the two currents named by me.

If a practitioner wants to be up to date and to get credit as an electro-therapeutist he must spend money. He cannot succeed unless he puts in a complete cabinet with galvanism, faradism, sinusoidal and static currents, each varied by proper switches for direct or alternating direction, with interruption in varied degree, or with combinations of the galvanic and faradic at times. He must, also, possess a more or less complete light current for both the usual incandescent or the more complex system of isolating the ultra rays, which are being used with marvelous effects. I cannot indorse the loud claims made for cures of cancer, or even lupus, by electricity, but much relief can be had through sedative use of high-frequency currents under extreme alternations in many of such cases where the pain is dreadful.

W. R. D. Blackwood, M. D.
852 North 23d St., Philadelphia.

CYPRIPEDIUM PUBESCENS.

Editor Medical Summary:

In Parke, Davis & Co.'s Orangie Materia Medica, 1890, is the following:

"Ladies' slipper—Cypripedium pubescens — Willd. Synonyms — Moccasin Flower—American Valerian; Properties —Tonic, stimulant, diaphoretic and antispasmodic. It is said to be valuable in all cases of nervous excitability unconnected with organic lesions, allaying the irritability, lessening pain, producing a calm and cheerful condition of body and mind and, consequently, favoring mental tranquility or sleep. It has been used in hysteria, chorea, nervous headache, wakefulness and morbid sensativeness of the nervous system generally, especially of the eye. Valuable as a substitue for opium in the treatment of children."

The dose of the fluid extract was given at 1-4 to 1 dram and the dose of the concentration from 1-2 to 3 grains.

The value of cypripedium as a relaxing nervine should be remembered also its value in hysteria, chorea and in morbid sensativeness of the nervous system. Cypripedium very much resembles scutellaria in its action. I consider it superior to scutellaria as a relaxing nervine, but scutellaria is the best stimulating nervine. Cypripedium, like gelsemium, is indicated when the pupils are contracted and the patient restless, while scutellaria,

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like belladonna, is indicated when the pupils are dilated and the patient restless. In an article, "Cypripedium in Typhoid Fever," in the Medical Arena, Dr. O. P. Branson, of Adams, Kansas, says:

"October 20, 1903, was called in consultation with Dr. M. to see Maggie B., aged 17. Found her with a morning temperature of 102 and an evening 103½; third week of typhoid fever; very restless; some typanitis; mind wandering; constantly talking and muttering; constantly picking at bed-clothes, reaching after imaginary objects, and the worst case of *subsultus tendinum* I ever saw. Every muscle in the body seemed to be jerking; pulse 110; some diarrhea; eyes bright or glassy pupils; dilated face, pallid, and there seemed to be a scum forming over the eyes. She had been treated according to regular treatment, with sulphocarbolates and calomel, opii and was taking gelsemium for nervousness, but it did no good. I looked the case over and it was not a case for gelsemium, nor was it a case for belladonna. I thought of cypripedium. The doctor thought the gelsemium would control the nervousness. Continued the gelsemium till the next day. She seemed to be growing worse. The doctor was called away, to be gone a couple of days. Told me he thought 48 hours would end her suffering. He placed her in my care until he returned, and told me to do what I thought best. I went back in the evening and found her getting worse. I stopped the treatment she had been taking, stayed until midnight, and gave her 15-drop doses of cypripedium every half-hour till she had taken four doses, then 10 drops every hour till she got quiet. I gave her echinacea in 10-drop doses every hour. She seemed to commence mending from that time on. She did not have any more *subsultus* and slept well and made a good recovery. When the doctor came back he was surprised to find such a change in her for the better. He said it was the worst case of typhoid he ever saw get well."

Cypripedium pubescens was one of Samuel Thomson's main remedies. It is a remedy of great value and deserves more attention, as it is often indicated in various diseased conditions.

Dr. J. M. G.

Jenkintown, Pa.

A CASE OF SEVERE HEMORRHAGE FOLLOWING THE EXTRACTION OF ELEVEN TEETH.

Editor Medical Summary:

The patient was an adult with a history of hemophilia and, upon this occasion, had lost from 800 to 1000 c. c. of blood, an active oozing persisting for several hours despite mechanical means and the use of chemical styptics.

After two applications of the 1-1000 solution of adrenalin chloride the hemorrhage ceased and gave no further trouble. The applications were made by saturating shredded aseptic gauze with the solution and packing firmly into the root cavities.

The case is an instance illustrating a rather unusual degree of hemorrhage checked by this agent.

Thomas S. Blair, M. D.

Harrisburg, Pa.

A FEW NOTES AND COMMENTS.

Editor Medical Summary:

Did it ever occur to you, reader, that the champagne sold in America is either of very poor quality, adulterated, or no champagne at all.

France cannot supply the home market, as but one section of that beautiful country produces the grapes. Good soil is needed for grape culture, and experience and skill to make wine. Quite recently our local wine culturists have given their attention to this matter and are producing wine of excellent quality. It does not produce headache, and is clear as water, without sediment. Nothing destroys the light wines as much as a sea voyage. Whiskey is improved by tarnsportation over the ocean, but such is not the case with wines.

In another local paper a Dr. Kempster says he gave a large dose of a narcotic to relieve pain in a chronic disease which was incurable. He claims the priest and husband gave consent and thought he acted properly.

While each and all of us want to help our fellow-man all we can, I think we should draw the line at poisonous doses given to relieve pain.

L. G. Doane, M. D.

New York City.

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Favorite Prescriptions.

WE invite practitioners to send us, for this page, one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulas plainly written on postal card is a convenient way for sending. Always give them in this order, please. 1. Name of disease. 2. The formula and directions. 3. Your name, town and state.

Reader, let us hear from you in time for the next issue of the Summary.

Do not forget to send your favorite prescriptions, such as you have tested and found trustworthy. It is our wish that the reader take a special interest in this department of the Summary.

VALUABLE FORMULÆ.

Editor Medical Summary:

The following have been thoroughly tested, many times, and have given general good satisfaction when indicated; of course, I do not claim that they are specifics, in the true sense of the word, by any means. However, I have found them valuable.

BRONCIAL CATARRH.

℞—Ammon. bromid. .....gr. xx
Syr. ipecac.....℥ ij
Fld. ext. cimicifuga.....gtt. xx
Syr. prun. virg.....℥ j
Syr. tolu.....q. s. ad ℥ iv

M. Sig.—A teaspoonful every four hours.

A TONIC.

℞—Quinine muriate.....ʒ ss
Ammonium chlorid.....ʒ iss
Tinct. ferri chlor.....ʒ ij
Syrup et aqua.....aa q. s. ad. ℥ iv

M. Sig.—Two teaspoonfuls in water four times a day.

A SPRAY IN NASAL CATARRH.

℞—Menthol .....gr. xviij
Camphor .....gr. xviij
Liq. alboline .....℥ vj

M. Sig.—Spray nose and throat night and morning.

IN ALCOHOL EXCESSES. A "BRACER."

℞—Ammonium bromid.....ʒ iv
Spt. ammon. aromat.....℥ iss
Fld. ext. zingaber.....ʒ j
Syr. aromat .....℥ ij
Aqua. menth. pip.....q. s. ℥ vj

M. Sig.—Teaspoonful three times a day; shake.

DR. FENNINGER.

Philadelphia.

GARGLE FOR ULCERATED MOUTH OR THROAT.

Editor Medical Summary:

My favorite mouth wash and gargle for ulcerated mouth and throat, good alike for adults and babies:

℞—Pwd. alum.
Pwd. potass. chlorat.....aa ʒ v
Carbolic acid .....gtt. xxxij
Sugar .....℥ ij
Aqua. .....q. s ad. oj

M. Sig.—As a gargle shake the bottle and use every half-hour, and each time, right after spitting the gargle out, then swallow, so that a little of the mixture will go down deeper down the throat. The good effect is perceptable at once.

E. J. DENSON, M. D.

Allentown, Ga.

AN EFFICIENT OINTMENT FOR ECZEMA, BURNS AND CHRONIC ULCERS.

Editor Medical Summary:

The following has been found valuable in a number of cases, and while the formula is not entirely original with me, I present it to your readers for trial.

℞—Zinc oxide pure.....ʒ vj
Acid salicylic .....ʒ ¼
Acid carbolic pure.....ʒ ¼
Acacia pulv. .....ʒ j

Mix thoroughly by passing through a hunter sieve a number of times. To prepare for use mix a stiff, creamy paste, with equal parts of glycerin and water, with a spatula on a pill tile or piece of glass. Prepare as directed and keep in a close-stoppered bottle. In using it prepare only a small amount at once time, or just enough for case in hand, as it will get hard and spoil if left standing mixed. It will form an impervious film, which will tsay on for ten days. This is useful for burns. This is useful in eczema, erysipelas, burns and chronic ulcers. In using for burns take an ounce of powder, add five grains of aristol, and to form your paste use liquid vaseline. Before applying to ulcers wash with hydrogen peroxide, then apply the paste.

Dr. J. M. C.

Boston, Mass.

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New Publications

We can supply any Medical book noticed in these pages or issued by any Publisher, on receipt of the publisher's price.

THE PRACTICAL MEDICAL SERIES, Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Under the General Editorial Charge of Gustavus P. Head, M. D., Professor Gynecology. Volume iv. Edited by Emilius C. Dudley, M. D., and C. von Bachelle, M. D. The Year Book Publishers, Chicago, Ill. 1906. Price of this volume, $1.25. Price of the series of ten volumes, $10.00.

This is volume number four of this admirable series, and in it we have presented a resume of new and useful additions to the literature of gynecology during the past year. However, much of the matter presented is of a technical character and beyond the utilization of the general practitioner. The book is profusely illustrated and is up to the usual high standard, if not in advance, to other volumes of this series previously issued. In the introduction we note the following, which indicates the direction in which the wind blows, as it were. With reference to the proper handling of carcinoma, good work is being done and reports show that the extremely radical operations are deservedly falling into disrepute. Greater stress than ever is laid upon early diagnosis, for this means early and less radical operation.

THE PROPHYLAXIS AND TREATMENT OF INTERNAL DISEASES, Designed for the Use of Practitioners and Advanced Students of Medicine. By F. Forcheimer, M. D., Professor of Theory and Practice of Medicine and Clinical Medicines, Medical College of Ohio, Department of Medicine of the University of Cincinnati; Physician to the Good Samaritan Hospital; member of the Association of American Physicians, the American Pediatric Society, etc. New York and London. D. Appleton & Co., Publishers, 1906. Price, cloth, $5.00 net.

This is a book of over 600 pages, from which history etiology and pathology are excluded and prophylaxis and treatment alone are considered.

The only regret that will come to the reader is that this book was not issued long ago. There is a need of an American work of this kind. Investigation into the causes and phenomena of disease has of late years been so dominant that prophylaxis and treatment have been subordinated to it, with the result that therapeutic scepticism is prevalent in the profession.

Although by no means arbitrary, the author gives his views with a freedom and emphasis, born, no doubt, of the conviction that he is in full possession of his position from a large practical knowledge gained through investigation as a teacher and extensive private and hospital practice.

Together with his own treatment, all others worthy of notice find a place, with judicious comments and impartial criticisms.

This book should be a complement of every physician and a supplement to his works on practice, for it embraces all the latest treatments and considers them on the broadest scale.

An extended table of food values, an enumeration and description of the remedies prescribed and a number of pages of valuable formulas are included in an appendix. Thirty pages, double column, are required for the subject index.

A NON-SURGICAL TREATISE ON DISEASE OF THE PROSTATE GLAND AND ADNEXA. By Geo. Whitfield Overall, A. B., M. D., Chicago, 238 pages. Price, $1.00 net. Extra cloth. Rowe Publishing Co., Publishers, Chicago, Ill., 1906.

The fact that in less than a year two editions of this little book have been closed out should prove conclusively that it has cut the niche successfully which it was the author's intention to fill, namely, to aid the general practitioner as well as the specialist in the non-operative treatment of all those chronic diseases of the urethra, prostate, bladder, vesicles, kidneys and their complications, together with the neurotic and

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metastatic sequelæ, almost invariably concomitant therewith, as a result of hidden gonococci or other causes. The details of treatment are so precisely gone over that the general practitioner will have little difficulty in carrying them out to his own satisfaction. The author presents three new and original methods of treating these troubles, that are claimed to be of marked utility and have never before appeared in print. The instrument illustrated on pages 64-65 appears to be especially commendable in diagnosis and treatment on account of its simplicity and cheapness. As before stated, this book was written particularly for physicians, but genito-urinary surgeons may profit by its careful perusal also.

THE PRACTICAL MEDICINE SERIES. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Under the general editorial charge of Gustavus P. Head, M. D. Vol. vi. Obstetrics. Edited by Joseph B. DeLee, M. D., with collaboration of D. Roehler, M. D., and Herbert M. Stowe, M. D. The Year Book Publishers, 40 Dearborn St., Chicago, Ill. 1906. Price, cloth, $1.25.

While it is claimed that the scientific fields of obstetric research show but little advances, the subject of eclampsia is still being worked over, while the field of operative obstetrics is being broadened, etc. However, in this issue of the Year Book, the author says, the attempt has been made to discuss practical subjects more than the purely scientific and from an investigation of the contents of the present volume, we are of the opinion that this aim has been practically carried out.

POLK'S MEDICAL REGISTER AND DIRECTORY OF NORTH AMERICA. Arranged alphabetically, with the number of the page and column in which the name appears. Ninth Revised Edition. 1906.

We have before us a copy of the ninth edition of this popular Physicians' Directory of North America, and so far as we have investigated find it more perfect than any previous issue has been. Of course it is an impossibility to make any directory, taking in such a vast scope, perfect, or anything near to perfection. But the publishers of this work have it so well in hand that they are enabled to secure the most reliable information concerning removals, death, etc., and they give us a directory, probably, as nearly accurate as it is possible of the one hundred and fifty thousand physicians of North America. Where inaccuracies do appear, they are generally the fault of the individual physician failing to give the information they have requested from time to time.

THE PRACTICAL MEDICINE SERIES. Comprising ten volumes on the Year's Progress in Medicine and Surgery. Under the general editorial charge of Gustavus P. Head, M. D. Vol. vi, General Medicine. Edited by Frank Billings, M. S., M. D., and J. H. Salisbury, A. M., M. D. Chicago. The Year Book, Publishers, 40 Dearborn street, Chicago, Ill. 1906. Price, $1.25.

This is one of a series of books published at about monthly intervals, ten in number, during the year, and each purposing to cover the past year's progress of its particular branch in medicine and surgery. Of course it is not possible to cover in so small a volume its entire field, but its aim is to present a condensed resume of the advances made during the past year, as it were, and the popularity of the series would at once indicate that its object has been accomplished in a great measure at least. The present volume presents an excellent resume of general medicine, not only of the new things that have been added, but also a critical discussion of the well-proved facts and procedures. Among the specially good sections are those of tuberculosis and pneumonia, which are particularly complete. This critical review of the year's progress will be found convenient and of great value, too, for ready reference alike to the general practitioner and the specialist.

The October Century is a veritable storehouse of the best class of literature. None is admitted but the best. Demanding special mention among the pictorial features of the number are reproductions, one in color, of Orlando Rouland's sympathetic paintings of Sothern in Shakespearian roles, and reproductions of work by living American artists of note, four of these in tint.

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Summary Gleanings.

The local use of guaiacol and glycerin will generally relieve pain in mumps.

A pinch of salt upon the tongue will often prevent the after-taste of a nauseous drug.

Persistent occipital pain is an accompaniment of incipient nerve exhaustion and insufficient sleep.

Proprietary catarrh snuffs which contain cocaine have induced a serious habit of the use of cocaine.

A mass protruding from the rectum of an infant or child may be an intussusception and not a mere prolapse.

Glycerin sprayed into the nostrils with an atomizer allays the burning sensation so distressing in acute coryzas and catarrh.

Equal parts of glycerin and water will make an admirable lotion to aid in removal of the sordes from the teeth of typhoid patients.

In rheumatic tonsillitis use salicylate of sodium in full doses, and a gargle of hydrate of chloral, two drams to aqua distillata four ounces.

Fluid extract of submul may be given in nervous conditions of a mild type in doses of fifteen minims to one dram. It is a good anti-spasmodic.

In pneumonia do not stimulate the heart at the beginning of the illness. Save that for the truly desperate symptoms.

Guaiacol is an excellent remedy, diluted with three or four parts of glycerin, locally applied by means of painting it over the scrotum, for the relief of orchitis.

All cases of hernia in which there is a history of frequent urination should lead one to the suspicion that the hernial sac contains part of the bladder.

Lumbar puncture must not be performed in cases of the brain. Sudden death has frequently happened in such cases.

Hyoscine hydrobromate not only quiets the nervous symptoms and induces sleep, but destroys in a measure the desire for alcohol.

Children are exceedingly susceptible to the action of carbolic acid. It shows itself in the urine by a yellow discoloration.

Ten drops of a 20 per cent. solution of menthol in olive oil is advised by Weil to be a sure cure for vomiting in pregnancy.

It is authoritatively claimed that the administration of echinacea will not fail to do good in the toxemia of typhoid fever, or that of traumatic infection.

In thrush and sore mouth the local and internal use of myrica is of much value, but its action is increased in these conditions if combined with hydrastis.

If the menses come too soon, last too long, or are very painful, give five drops of the tincture of senecio, three times a day, between times, and all will soon be right.

Senecio is a very valuable remedy for coughs, colds and lung troubles, and it is claimed that consumption, in the early stage, has been cured by it.

Dr. Best says that if there is any agent that deserves the name "antiseptic," and which may be given without fear of doing more harm than good, it is echinacea.

Last week a physician rushed into print and said the air from gas retorts will cure phthisis. Of course food and rest are great aids, always better than the gas retort remedy.

A combination of myrica and cactus makes a valuable heart tonic in many conditions. In cases where the blood is bad, poor digestion and nutrition, myrica will give good results.

Dr. R. J. C. Hamilton says: "Myrica Cerifera.—Astringent and stimulant, leaving a permanent tonic impression on the mucous surfaces and circulatory organs."

The antitoxic and antiseptic action of echinacea have been proven over and again, many times, in the treatment of diphtheria, and is second to no agent for combatting the toxins of this dread disease.

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NOVEMBER, 1906

THE MEDICAL SUMMARY

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.
Vol. XXVIII
R. H. ANDREWS, M.D., Editor & Proprietor
2321 PARK AVE., PHILADELPHIA, PA.
No. 9
ESTABLISHED 1879

Papāyans Bell for Indigestion

Dose:—One to three tablets with water before meals, or two hours after eating. At all druggists in bottles of one hundred tablets. Or fifty cents per hundred, by mail, to physicians and druggists only.

BELL & COMPANY, (Inc.)
68 Murray St., New York

$1.00 PER YEAR

DO IT NOW.

Dear Doctor: If not a Subscriber to THE SUMMARY but wish to become one for 1907, DO IT NOW and you will receive the remaining number of the present year FREE

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Atonic Indigestion

A large proportion of all cases of indigestion are the result of atony of the stomach and intestinal walls.

Gray's Glycerine Tonic

has a unique value in this particular condition as it rapidly **restores muscular vigor, increases secretory activity** and **checks fermentation.** As a consequence **the results are permanent—not transitory.**

The Purdue Frederick Co.,
298 Broadway, New York.

ARE YOU IN PAIN?

YOU will probably ask this question more frequently than any other. To be able to relieve pain, whether it be a slight nervous headache or the most excruciating suffering from a severe neuralgia, brings the height of pleasure to both patient and attendant. The ideal remedy must not only do its work, but it must also do it quickly. Touching this point Prof. Schwarze (*Therapeutische Monatshefte*), writes upon tne treatment of the forms of dysmenorrhoea associated with pathological anteflexion, retroflection in the virgin uterus, and the different forms of congenital deformity of the uterus. This class includes tenosis of the external and internal os and all forms of dysmenorrhoea in which no anatomical changes can be demonstrated. He believes the coal-tar analgesics are of use as well as the preparations of iron and sodium salicylate. Other practitioners find that it is necessary, in many cases, to administer codeine in small doses, and antikamnia and codeine tablets would seem to have been especially prepared in its proportions for just these indications. **The codeine in these tablets is especially prepared, does not induce habit, is non-constipating and is chemically pure.**

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The MEDICAL SUMMARY

A MONTHLY JOURNAL OF

PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

R. H. ANDREWS, M. D., Editor, 2321 Park Avenue, Philadelphia, Pa.

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TREPONEMA.

The alleged specific bacillus of Schaudinn seems to inspire no greater regard and thought to be no more deserving the distinction of being the specific organism of syphilis under the name Treponema pallidum than when it went under the unassuming name of Spirochaetæ pallida. Some are asserting that evidence of the specificy, of the spirochaetæ, or treponema is becoming almost incontrovertible; while the incredulous are unbelieving still, and keep the brakes on by contesting every inch of ground. This might be considered detrimental, if, indeed, the treponema is the specific organism. However, until this is indubitably proven it should be looked upon as a conservatism, the only hope of the too credulous. Whether the Treponema pallidum is a specific basterium or fortuity, the contest seems to be becoming increasingly active and interesting. However, it is to be hoped that neither side will become victims of misdirected devotion, and that the truth may soon prevail. The contest may lend encouragement to Siegel, as, at last accounts, he had not given up hopes of his Cytorrhyctes luis occupying the position, nor his belief in its eligibility. Meanwhile, we can espouse the cause of neither the one nor the other, but await patiently the outcome, hoping for positive identification beyond peradventure of the long-sought etiologic factor of syphilis.

SELFISHNESS.

This is our besetting sin. Doctors are very courteous while in attendance at medical meetings. They exercise the little niceties and amenities of life on these occasions, almost making of them mutual admiration societies. They go home and forget all about these good things. When thinking of professional courtesy they too often apply it to the physician in the next town instead of the one in the next block. The latter is the one with whom you ought to be on affable terms. He may at heart be a pretty good fellow—almost

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as good as you are. Too often patients create a *casus belli* between physicians. Turn a deaf ear to disparaging reports concerning your opponent. Make peace overtures toward him. Borrow something of him. That's the way the women maintain their *entente cordiale* in a social way. Apply the Golden Rule. Begin now. Root out some of that selfishness. It will do you good and make you feel better to get a little of that rankle out of your heart. Abe Lincoln could not plead in a lawsuit until he had trekked back and released a hog which was fast in a crack of the fence. He claimed that in so doing he was simply actuated by selfish motives. But selfish motives that help the other fellow are likewise calculated to put a little more of the milk of human kindness into our own hearts.

BITTERS.

A man in Ohio the other day gave his family a chance to collect his life insurance, all because he got the wrong kind of berries in his whiskey which he was taking "for his blood." The moral to this is that one should take his whiskey straight and go to a doctor for medical advice. The practice of taking whiskey containing a nondescript class of roots and herbs is reprehensible. It creates a morbid appetite and is calculated to make dope fiends.

THE DOCTOR'S WIFE.

She is mentioned semi-occasionally in medical literature, but the doctor's wife does not get the credit anywhere along the line that she so richly deserves. She is really the power behind the throne, and a strong factor in the doctor's success. No doctor should be without a wife, except the worthless, drunken fellow who is too mean for any woman to live with. His numerical strength is about one in one hundred. The wife of the medical man is in touch with her husband's affairs on all sides. She watches over his health, keeps the meals warm for him, brings enforced rest to him when he defies the health laws which he admonishes others to obey. The ideal wife does not prate of her husband's great success. She can assume to know only a certain part of the doctor's business. Most doctors' wives read the medical journals that come to the house. From her reading and long association with the doctor she in time acquires considerable medical lore. Some astute publisher ought to launch a journal exclusively for the wives of physicians.

POULTICES IN PNEUMONIA.

The profession is still divided as to the efficacy of the poultice in pneumonia. It is the consensus of opinion that a light, warm application of some sort adds materially to the patient's comfort and aids his harrassed breathing. Heavy and sloppy things should be tabooed. Perhaps the cotton jacket meets the approval of more physicians than any one application. The skin being the greatest emunctory of the body it is questionable whether oily applications to the chest are conducive to the elimination of heat or whether it only retains it. The efficacy of many of the pastes on the market is also open to question as to whether or not being suitable chest applications. The great function of the skin being that of elimination obviously the entire surface of the body should be kept clean, warm and normal. Warm spongings with diluted vinegar or alcohol are indicated. Any dry, warm application can do no harm, if it be not weighty. Intense pain calls for mustard. He is a bold man indeed who any longer places ice water upon the chest of his pneumonia patient.

GUIACOL.

For exudative pleuritus and rheumatic joint affections the local application of a 10 per cent. ointment of guiacol and salicylic acid gives excellent results. Fluids that have persisted for weeks melt away by this application. Pure guiacol may cause too much absorption, but in a 10 per cent. ointment this is not the case. One disadvantage to the ointment is that a few applications tan the skin like parchment. When possible apply in a new site each time.

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EDITORIAL SUMMARIES.

A literary genius in Boston has written a book, entitled "Recollections of a Gold-Cure Student." The fellow matriculated in one of those "institutes" and finally graduated, all of which is told in a humorous vein. The author states that the book was written with an appendix, but the publishers cut it out, thinking that was what it was for.

If all the doctors and other people you have spoken ill of were to come in a bunch to see you about it, how big an auditorium would you have to hire for the occasion?

When we get this spelling business straightened out we want some work done on adverbial phrases. Such sentences as these need mending: "John Smith said the mosquitoes bit him on the veranda last night so that he couldn't sleep;" "Tom Jones got shot in the fracas Tuesday night."

THE SUMMARY is all meat. Our articles are all short and practical. Please induce some medical friend to join our growing family.

It is said the country doctor has disappeared. Gone, perhaps, to join the old farmer who had milk on his boots and said "by gawsh."

Speaking of has-beens, what has become of the old, old bachelor who vowed himself to lifetime celibacy because the sweetheart of his youth died or married the other fellow?

A sentimental writer says: "Why wait and bring flowers to my grave?" A corpse has some points in his favor. He never does anything for which he ought to be cussed.

Now is the time to collect. Everything is gauged by the farmer. His crops are now turned in and we of urban centers and rural districts alike in some measure get the benefit of it. Get your statements ready to mail. If you get more money than you need invest it in a few more books and medical journals.

A good many doctors would be better off, intellectually, at least, if they spent more time in reading and less of it mounted on the second stories of goods-boxes whistling.

A man is inclined to blame all his troubles on his liver. Poor old liver has to stand for it. When the man makes a glutton of himself he says it is his liver and takes pills for it. When he has a racket with the coal man and loses his temper it is his liver gone wrong again. When he loses money in a wild speculation he goes home and tries to take his loss out of his liver. The liver, like women, is handy to have around to bear the brunt when things go wrong.

Doctors' offices are proverbial for their unkemptness—we almost said filthiness. There are some exceptions, but the average doctor has on his office desk books, bottles, spatula, mortar, a specimen of urine and various other flotsam and jetsam. He uses an old newspaper for powder papers. Chances are he would get mad if anyone should insinuate that he was not practicing antisepsia.

RULES FOR CONSUMPTIVES.

Sleep alone.
Wear proper clothing.
Eat well-cooked food.
Do not expectorate, but use a handkerchief.
Exercise moderately in the open air.
Avoid wine, beer and alcoholic liquors.
Bathe frequently.

If poor, do not let the doctor persuade you to go among strangers or to fashionable resorts where you may die.

If wealthy, take your journey by stage and do not hasten.

Do not exercise too much. Be moderate in all things.

Wash out nose and throat once each day with an atomizer, containing listerine or some other good antiseptic.

Don't worry. Thousands given up by the doctors have recovered. The disease is curable.

Good food, well cooked, and bathing, and pure air are of more consequence than drugs. If you can eat fat, so much the better, but avoid fried foods. They are an abomination. Trust in God. He has aided many.

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Original Communications.

BRIEF and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases are solicited from the profession for this department.

Articles intended for the Summary must be contributed to it exclusively. The editor is not responsible for the views of contributors. Write plainly and only on one side of the paper

TREATMENT OF RECTAL FISTULA.

BY CHARLES J. DRUECK, M. D., CHICAGO.
Professor of Rectal Surgery to Jenner Medical College, Rectal Surgeon to People's Hospital, Surgeon to Lakeside and Emergency Hospitals, Member Illinois State and Chicago Medical Societies.

In those few cases that you may see from time to time where the abscess has not yet ruptured it should be freely opened away from the rectum and the cavity thoroughly and carefully drained. The incision should be made in a line radiating from the anus, as such an incision causes the least amount of hemorrhage. In the great majority of cases you will not be consulted until a fistula has formed.

Exceptionally a fistula heals spontaneously or after some slight irritation or stimulation, as the passing of a probe or an injection of an irritant into it. Such a cure can occur only in a recent fistula resulting from a superficial abscess with a straight track which is lined with healthy granulations. It cannot occur after the induration develops around the sinus, as is seen in old cases. Allingham says about one per cent. of these cases heal spontaneously.

Palliative treatment is not very effective as far as a cure is concerned, but much may be done to relieve the suffering when the patient objects to active, operative treatment. The bowels should be kept freely open, enough to allow a soft, unformed movement; such a condition prevents stretching and lacerating the tissues and also prevents forcing feces into the sinus. After each bowel movement the rectum should be flushed out with an enema of plain water to keep the parts clean. If the fistula is a large one, with a free exit, it may be washed out with a piston syringe, with either plain water or a five per cent. solution of carbolic acid, which will wash away the excretions and temporarily stop the seeping. All this may be attended to by the patient or his friends. The physician may occasionally use some stimulating application, as swabbing the cavity twice a week with tr. iodine or carbolic acid 95 per cent., quickly followed with alcohol to prevent any excess action. Drainage is facilitated in all cases by dilating the external opening or all of the tract with metal dilators or sea tangle tents, and then put in drainage tubes. This also stimulates granulations by lacerations. Local treatment, however, is not sufficient, and the general health must be improved. Alteratives, tonics and digestants must be given in full doses whenever indicated.

OPERATIVE TREATMENT.—As a rule, it is well to operate promptly in all cases, unless there is some contra-indication. It is not well to operate upon an acutely inflamed fistula, because the peri-rectal areolar tissue is very liable to break down. In systemic complications, such as cancer, Bright's disease, liver or heart trouble, an operation may be absolutely contra-indicated. The perplexing question comes with tubercular subjects. In my own practice I operate upon tubercular patients the same as others, if there is a chance of effecting a cure of the local trouble, because it relieves the patient of at least one source of waste and worry. It must be remembered also that primary tuberculosis of the rectum exists, and, like a tubercular testicle, if early removed the patient may be spared extension, and a complete cure expected. There is also some timidity in operating lest the wound in a tuberculous patient fail to heal. A properly selected case will always heal under careful and general local treatment. With phthisical patients it must be remembered that the vitality is low, and the operation should not be too extensive at one time for his recuperative power. Of course no one would operate upon an active case of pulmonary tuberculosis. Where there is frequent and violent coughing it contra-indicates operation, because the movements of the rectum during coughing prevent healing. The rather common belief among the laity that the fistula is the outlet of some vicious humors which produce the consumption, if the fistula is healed, is not supported by investigation. Many operators have reported good results from operation even in advanced tuberculosis. Kelley says: "Only once have I seen the cure of a fistula followed by marked

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increase of the lung trouble, and in that case the relationship between cause and effect cannot be established."

Whenever there is even a suspicion of tubercular disease the whole fistula should be curretted and cauterized with a Paquelin cautery or removed en masse. When there is extensive anemia it may contra-indicate operation.

Operations for fistula are divided into two classes—the tentative and the radical. Tentative operations include the injection of astringents and the several methods of dividing the tissues with a ligature. All of these methods are tedious to perform and uncertain as to their final efficiency. To be honest with your patient you cannot promise anything from these methods. The charlatan by these methods induces enough inflammation for the skin to heal over until he gets his fee, but the channel soon reopens and the patient is in the same condition as before the treatment. These methods are to be used only when the patient refuses radical operation.

INJECTION.—The variety of irritants that have been used to produce inflammatory sclerosis is innumerable, and some new remedy is almost daily suggested. Iodine is altogether the best, with zinc, silver, carbolic acid and ergot following.

The injection is made with a hypodermic with a blunt needle, which should be three inches long. The injection is made in and around the sinus, the left index finger being placed over the internal opening as a plug to prevent the escape of the fluid. When injecting into the sinus a small ordinary syringe may be used, but sufficient force must be obtained to press the fluid against all of the surfaces. Nitrate of silver or carbolic acid may be used on a probe. This method is only sometimes successful, and is more painful and longer than radical operations. It gives its best results in certain recent cases of ischio-rectal abscess where there is external drainage of pus, but as yet no internal opening The patient should be confined to his bed and the opening enlarged to allow the free escape of pus. The cavity should be washed out with some solution, care being taken that no pressure of the irrigating fluid occurs within the cavity, because often the wall between the abscess and the rectum is very frail. In older cases a pyogenic membrane develops about the abscess, and more stimulating solutions are needed, as iodine in strong solution, turpentine or caustic potassium.

LIGATION.—This is a very old method, being described by Celsus, but latterly brought up by Allingham, Sr., although it is scarcely used now. The operation consists in passing a ligature of some material threaded on an eyed probe, in at the external opening, through the sinus and out at the anus. It is then drawn tightly and knotted. Heavy silk, or an elastic band one-eighth of an inch in diameter may be used. If the elastic ligature is used a lead shot is pinched on the knot to prevent slipping. The ligature usually cuts its way out in a few days by pressure necrosis.

The advantages of this method are (1) no knife; (2) no bleeding; (3) no anesthetic is needed; (4) there is little pain, and (5) the advocates of this method say the patient need not be confined to his bed. As a matter of fact, however, there is no more reason why a patient should be allowed to be out of bed when the cutting is being accomplished slowly with a ligature than when performed with a knife. In either instance the fistula will heal while the subject is attending to his ordinary duties, but in both cases healing goes on much better and quicker if he is confined to his bed. Various devices have been recommended for passing the ligature through the fistula, but in my mind the best is a silver probe with an eye in it.

The objections to the ligature method are (1) more time is consumed than by the radical operation; (2) only the main anus is treated and any other tracts are left untreated; (3) the method is unreliable, because sometimes the ligature cuts out only partly, a considerable slough forms along the course of the ligature from the strangulation, and it is several days before it separates. When it does considerable hemorrhage occurs.

Dividing the parts with a thermo-cautery wire is a form of ligature. It is quicker, but requires an anesthetic, and is then open to many of the objections of both other operations. It is, however, applicable where there is considerable anemia and the operator is anxious to save any loss of blood, even at the expense of a little longer course of after treatment.

The wire should be brought to a cherry red heat only, as that is sufficient heat to divide the tissues slowly. If too great heat is used the tissue is consumed instead of being seared; no coagula is left to occlude the vessels, and hemorrhage results, thereby forfeiting the best claim of the operation.

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The radical operations are incision and excision. Each has its class of cases to which it is best suited, and the surgeon must not think either method applicable in all cases. Certain stereotpyed methods are described in dealing with fistula, but it must be impressed that radical cure often requires desperate surgery, and sometimes much originality or genius on the part of the operator. No one knows the pathology of a fistula until it is laid open before him.

The advantages of radical operations are (1) every sinus can be hunted out; (2) overlapping edges may be removed; (3) free drainage obtained and sepsis prevented; (4) the operation is quickly and thoroughly done.

INCISION AND DIVISION OF THE PARTS.—The bowels should be thoroughly emptied the day previous, but too great catharsis must not be provoked, as a diarrhea proves a great disadvantage to the operator. Six hours before the operation a high enema is given to wash out the colon and rectum. The hair about the parts is shaved off and the whole perineum and buttocks are thoroughly scrubbed. These details are just as important as if primary union were expected. While we have an infected field and pus cavity to begin with we are also making fresh wounds, which should be as near aseptic as possible.

The patient is anesthetized, placed in the exaggerated lithotomy position, and the sphincters thoroughly paralyzed by overdistention. Always anesthetize the patient, even if the fistula seems small and superficial, because the operation is painful, and you cannot foretell the condition of the sinus. Only the small simple fistulæ may be incised without anesthesia.

The rectum may now be inspected and a final antiseptic irrigation given.

Pass a grooved director through the sinus into the rectum. It can usually be brought out at the anus and supported by the index finger of the left hand. By introducing the left index finger into the rectum before introducing the director this maneuver is facilitated. A heavy, sharp-pointed bistoury is passed along the groove of the director and divides the bridge of tissues, thus exposing the whole tract. The sphincter should be cut squarely across as incontinence is less likely to follow than if the fibres are cut diagonally. The edges are now held apart, and a careful examination made for diverticula, which, if found, should be treated as the first sinus. The scar tissue and membranous lining of the fistula should be carefully dissected away.

If the director cannot be brought out at the anus when introduced it is good surgery to dissect down upon it instead of using excessive force, as there is danger of breaking the instrument, which is a very annoying accident. Scissors are often preferable to the knife in such cases.

If the internal opening is high up, as sometimes is found in the internal incomplete, it is well to divide the anal portion of the rectum in the posterior rhaphe, even to the tip of the coccyx, if need be.

If the wound is extensive and there are any parts not thoroughly drained, so-called dead spaces, they should be closed with a few appropriate stitches. Free drainage is, however, the watchword of success in all fistula operations, and sutures are to be placed only with great care and never if the wound is superficial. After hemorrhage has been stopped the wound is packed with iodoform gauze and a suppository of opium placed in the rectum. A pad of absorbent gauze or cotton retained with a bandage is all the dressing required, and need not be changed until they become soiled.

The bowels should be moved on the fourth day by giving a cathartic, followed by a copious enema just before the bowels move. This brings away the packing in the wound, and, after defecation is accomplished, the wound should be carefully washed and another strip of gauze inserted in the base of the wound to prevent the skin edge of the incision healing before the deeper structures. If there is any tendency toward skin healing the surfaces should be separated daily by passing a probe between them. Granulations may be stimulated if need be by balsam of Peru or by touching superabundant granulations with stick nitrate of silver.

Whenever there are any diverticula they should also be dissected out and treated as the main tract, unless there is much danger of incontinence resulting or of injuring to a great extent the perineum, in the case of women, or of overtaxing the patient's reparative powers.

The sphincter may generally be cut once, especially in the median line, without danger of incontinence; but always divide as little as possible, and leave the internal sphincter, if possible. Never divide the sphincter twice at the same operation or without informing the patient that some incontinence is sure to result. The condition of the patient's bowels, as regards the number and character of move-

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ments, must always be considered. A sphincter that acts admirably for one formed movement daily may be totally ineffectual in cases of periodical constipation and diarrhea.

Division of the sphincter may cause some incontinence even in a robust man, and dilitation in a delicate woman may leave some permanent paralysis. In fistula cases the sphincters are weak, at best, and should not be incised or stretched any more than absolutely necessary. The liability to incontinence after division is found chiefly in horseshoe and rectolabial varieties, and those old cases where the whole anal region is riddled with openings, but it is these cases that give the operator a chance to show his resources and ingenuity.

In the treatment of all fistulæ that extend above the internal sphincter the latter must be divided with at least temporary incontinence. A permanent paralysis results if the sphincter is cut several times.

Where the tracts extend above the internal opening in the bowel, the extension must be considered a diverticula, and so treated. Sometimes an operator, for fear of hemorrhage, will incise only to the internal opening and trust to inflammatory adhesion for the branch. Such treatment is risky.

The branches running under the bowel are of two varieties. One kind extends along beneath the mucous membrane and does not bleed much when cut. The other runs deeper under the muscular coat and even into the peri-rectal tissues. In these there may be considerable hemorrhage. Many sini extend under the skin from the bowel to the buttock or scrotum, and these may be laid open without interfering with the sphincters.

Where there are several fistulous tracts (in old cases) the patient's reparative powers are often weak, and it is better to do two small operations than to tax the recuperative power with one extensive one. In these cases there exists often two or three main tracts apparently primary, each of which has its smaller diverticula. Each main tract and its branches may well be treated at separate operations.

When no internal opening can be found and the director moves under the thin layer of mucous membrane it is well to make an opening by forcing the director into the bowel and treat as a complete fistula. If more than one internal opening is found they should be incised into a common tract.

AFTER TREATMENT.—A few points in the after treatment of these cases are as essential as the details of the operation itself. Too frequent dressing may indefinitely postpone healing, as also packing it too tightly, and the surface assumes a membranous appearance instead of healthy granulations. Too energetic application of antiseptics also retards healing. Very often I use no dressings at all after the first packing, but separate the edges every day to insure healing from the bottom and not allow lapping of the skin edges together, which is very likely to occur in the skin near the anus.

Pain is not severe enough to need opiates, and as they affect the stomach the patient is better off without them. The diet should be nourishing, soft and of such kind as to leave little residue, but must not be scanty, as all these patients are anemic and need prompt building up. With this diet the bowels have no tendency to move for several days and need not be tied up.

How long the patient shall be confined to his bed depends altogether on the case. In a favorable one he should be kept quiet until the wound heals, as moving about retards healing. Tubercular patients should keep their bed no longer than is absolutely necessary, and, while not allowed to move about much, they should be urged into the fresh air and sunshine, for everything must be done to build up the system; nutritious diet, change of scenes and such medicines as are tissue builders. Locally the treatment is stimulating, but it is wrong to worry the patient with frequent dressings. Many times the wounds appear healthy, but refuse to granulate. If there is no sinus to account for the sluggishness, turn your attention to the general system. If there is any evidence of pus burrowing or the formation of a pocket it should be immediately incised.

After what has been said regarding the treatment of fistula, let me say that each case is a rule to itself, and no complication can be treated according to definite procedure. Allingham says it requires more dexterious surgery to cure a bad case of fistula than any other surgical affection. Do not promise too much for the first operation, as frequently a case is better treated in two or three steps, and if the reparative powers are over-taxed granulation and healing will not take place. But if each case is carefully and conservatively treated you may expect to cure 98 per cent. of them.

599 East Forty-sixth Street.

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TREATMENT OF PNEUMONIA.

By J. A. Burnett, M. D.

In the treatment of most cases of pneumonia in this locality, on account of so many torpid livers, the thing that should be given is a liver stimulant of some kind, as no remedy has good effect in any diseased condition when the liver is in a torpid condition. To arouse the liver the following tablet or granule can be used with good results: Each tablet or granule contains calomel and podophyllin, each gr. 1-6; bilein, gr. 1-12, and strychnine arsenate, gr. 1-250. Dose, one tablet or granule every hour until six are taken. This should be followed with a saline laxative if needed, and repeated every one or two days until the liver is active and the tongue clean or about so. It is claimed that the tongue cannot be cleaned in cases of pneumonia until the disease begins to give way. Myrica cerifera deserves a trial in all cases of all diseases when it is a hard matter to get the tongue to clean off as it should. Specific chionanthus given in 10 or 20-drop doses three or four times a day will improve the liver and clean off the tongue a little each day. It can be used in place of the above calomel mixture if desired. It can also be used with myrica cerifera. Some physicians do not believe in giving diaphoretics in cases of pneumonia, but, in my opinion, they are very beneficial in certain cases. Of course they should not be used or are not needed in all cases.

Asclepias tuberosa is a valuable remedy in most cases of pneumonia. It can be used in combination with various other remedies. Amphiachyris dracumculoides, commonly called broom weed, and polemonium reptans, commonly called abscess root, and coralloohiza odontorhiza, commonly called crawleyroot, are all valuable remedies in most cases of pneumonia.

A valuable prescription for pneumonia, and one that will abort it if anything will, is as follows:

℞ Fld. ext. amphiachyris ..... ℥ij
Fld. ext. lobelia comp. ..... ℥ij
Fld. ext. asclepias .....q. s. ℥iv

M. Sig.—One teaspoonful in a quarter of a teacup of hot water every two hours.

It is claimed by good authority that the above has aborted pneumonia in three days' time. For bronchial pneumonia or capillary bronchitis the following is of great value: Equal parts of amphiachyris dracumculoides and polemonium reptans given by infusion. I will state here that fld. ext. lobelia compound is composed as follows: Fld. ext. of lobelia seed, one part; cypripedium, ¾ parts; gum myrrh, ½ part; capsicum, ¼ part. I state this as to make the prescription complete, and if I did not many physicians who read it would not know what third preparation, or lobelia compound, was, and I would be flooded with letters of inquiry.

A good cough remedy in pneumonia is 1-67 gr. each of codeine and emetine, repeated as often as necessary. Many physicians claim that iron in some form is essential in most all cases of pneumonia or all other forms of inflammation. Good results from the third trituration of ferrum phos. have been reported in controlling the temperature in many diseases. It should be given in small and frequent doses in hot water. This remedy deserves further investigation, as it is perfectly harmless, and no one would object to the taste of it. To hold the practice with many patients pleasant remedies go a long way. The third decimal trituration of ferrum phosphoricum is usually given in connection with kalimuriaticum of the same potency. In the later stages of pneumonia, or at any stage when the heart needs sustaining, specific cactus will be found a remedy of great value, or cardiac stimulant granules or tablets (Abbott's) can be used. Each tablet or granule contains:

℞ Cactin ..... gr 1-67
Quinine arsenate ..... gr. 1-6
Strychnine arsenate ..... gr. 1-67
Capsicum .... gr. 1-67

M. Sig.—One tablet or granule every 2, 4 or 6 hours, as will be needed.

There are many local applications that are of value in pneumonia. Most all physicians prefer a mixture of lard and turpentine in very mild cases, and in other cases a fly (cantharidal) plaster. Put a large one on. It should be large enough to do some good—no danger of getting it too big—and let it blister well. There are many physicians who think fly blisters are out of date. No matter whether out of date or not, they can accomplish many things in many diseases that no other application can do. A mustard or other blister cannot answer in the place of a fly blister. It has no substitute.

Dean Spring, Arkansas.

AN INTERESTING CASE.

By J. S. Leachman, M. D.

Several years ago I had a case that baffled the skill of several physicians. The patient was also a physician, about 52 years of age, of rather nervous temperament, family history

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not very favorable, as several uncles on his father's side had died of consumption, also one brother. He and all his relations on his father's side were more or less troubled with weak kidneys, and at times passed very large quantities of limpid urine as clear as spring water. He stated that while this appeared to run in the family—two uncles having been troubled in like manner for many years—yet they lived to be quite old and died of some acute trouble. The family history on his mother's side was good. He had been quite successful as a practitioner of medicine, but in his early manhood drank considerable; but, while he now used tobacco, he did not drink spirituous liquors. While he had always resided in a malarious district, yet he never had malaria, or, at least, no distinct chills. His skin was inclined to be dry and of a yellowish or tawny appearance. Claimed to have taken large amounts of quinine in his time; but said that quinine hurt him now—drew his stomach up into a knot, bursted his head, almost, and made him so nervous he did not know what to do with himself, and it kept him from sleep. These spells of excessive urination would come on from two to four weeks, and caused him to become very irritable and nervous, and he could not sleep, was inclined to be costive, liver tender, tender in solar plexus, sexual desire almost gone, temperature normal, though now and then his face would flush, breath become hot and he would grow nervous, heart begin to palpitate and would have to be helped to bed. He was naturally of a jolly disposition when not suffering, and when he became despondent would blue a few hours and then get mad over his condition and get up and swear he was going to get well any way. He was greatly emaciated. His usual weight when well was about 160 pounds; height, 5 feet 10 inches; complexion fair; eyes blue. He now weighs about 125 pounds.

This is the history of the case as well as I can give it. Now, the question arises, what is the trouble and what must be done so far as treatment is concerned? On physical examination I find no lung trouble, no organic trouble with the heart, notwithstanding at times his heart seemed to bother him and his breathing become so labored that he desired to be propped up and the doors thrown open. A casual observer would think he was going to die of heart trouble almost at any time, and this was truly believed by the laity and by several physicians that had been called in to see the case at such times, but being a man of nervous temperament (a neurotic case), I passed this over as sympathetic; but what about the kidneys? I do not remember now about the specific gravity of this limpid urine except that it was low; but there was no trace of sugar, so I looked upon that as showing a non-elimination of toxic products of wastes of the system that should be thrown off by the kidneys, and it resembled to me so very much the urine passed by a person having malarial chills. I am now thinking very strongly of malarial cachexia and over-work and no vacation for this man. He has always been a very moderate and regular eater. After eating he would feel bloated, and was bothered with flatulency; his tongue was coated all the time—rather a blueish color at times.

I concluded that his liver and digestive organs were at fault, and that it all was of malarial origin, as he said nearly every spring and fall during his entire life he had been in the habit of cleaning out with calomel and taking quinine as a preventive of malaria, until quinine had gone back on him, and that two years before he had had slow fever. I began treatment with one gr. of calomel and soda tablets every hour until they acted well, and be kept cactina pellets for the heart and took celerina when nervous. After good action from the calomel I put him on a solution of potassium acetate three or four times a day, with 8 drops tincture chelidonium, four times a day; after each meal Fellow's Hypophosphates, but owing to the strychnine in the preparation he had to discontinue to take this in less than a week on account of it producing a spasmodic action of the muscles of the throat—when he would attempt to drink the liquid would run out at the nose. I now changed to Fowler's Solution of Arsenic, gtt. 2, Comp.; Tr. Iodine, gtt. 5, mix. This at one dose in water after each meal, and on account of him wanting to almost drink celerina his wife wanted that changed, and we put him on Daniel's conct. tinct. passiflora, to be used when necessary as a nervine, and had it labeled with the skull and cross-bones. I wondered at him not getting into the morphine habit, and on one visit spoke of morphine, hypodermics, etc., and he said: "Doctor, don't you know, I never had a hypodermic syringe used on me yet. I would have been a fiend, I believe. I had a brother, also a physician, I think he killed himself by using morphine. He was very ambitious and got into an extensive practice, and in the fall of '75 he took congestion (malarial) and died in two days from the time he made his last visit." He said, "I have been afraid of morphine since."

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I mention this, as it points to the neurotic dispositions of the family. Under the treatment mentioned above he seemed to improve, skin clearing up, kidneys doing fairly well, appetite better and sleeping good, but all at once he had several large actions from his bowels that looked almost as black as tar, and it cramped him very badly and had to be checked by the use of a few powders of opium, bismuth and zinc sulphocarbolate, but before it checked it caused quite an irritation of the rectum and weakened him quite a good deal, though he did not become as nervous as one would expect. Said he was only weak. I gave him some stimulants and discontinued the iodine mixture, also the chelidonium, and gave him fld. ext. collinsonia and fld. ext. witch hazel, equal parts. Dose, one-half teaspoonful three times a day, continuing the cactina pellets and passiflora as before. He did not seem to want to take any nourishment; would only take a little sweet milk. His bowels were regular, skin clear, kidneys seemed to act all right, had no pain—appeared to be on a standstill—not gaining any in weight.

About this time we wrote to a doctor friend in another State and mentioned our interest in Virchow's Cellular Pathology, and mentioned Biochemistry and also the condition of our patient, and in a short time received a letter asking if we had used "bioplasm," etc. At this time we had never heard of the remedy, but, like a drowning man grasping at a straw, sent for a sample and began to use it at once, and in a few days we could plainly see a change, and in a few months he was able to be up and around some and had a desire to visit some friends he had not seen for several years. He made the visit, remaining some months, returning much improved, and shortly after resumed the practice of his profession.

In conclusion I will say that the name of a disease does not amount to much, as it is the patient you have to treat and not the name of his disease; so let us study the pathological conditions in any given case and the indicated remedies. One swallow does not make a summer, but owing to other cases I have had especially emaciated children where I have used "bioplasm." I do believe the remedy helped this case out.

Highley, Okla.

DISGUISING DISGUSTING DRUGS.

By E. S. McKee, M. D.

The erudition of Egypt, the grace of Greece, the riches of Rome will not enable the average boy to take an undisguised dose of castor oil, quinine or salicylic acid without giving an exhibition of very bad taste. In these days of elegant pharmacy, Homeopaths, Osteopaths, Christian Scientists and "sich" it behooves us to try to make some very worthy remedies, which are as bad as they are good, more acceptable to the palate of the precocious youth and aged of our clientele. Some disagreeable drugs under some circumstances must be given in liquid form, and to render their administration less unpleasant in this form is the object of this short paper. It was Oliver Wendell Holmes who said,

"Youth fades; love droops; the leaves of friendship fall."

He might have added that the taste of some old reliable remedies outlives them all.

Quinine, a most valuable drug, cannot be well given to children and infants in pill or capsule form, also in some cases of adults where the digestion is bad it must be taken in solution. The taste is very bitter. Quinine sulphate, one grain to three of tannic acid, can be given very well in syrup of tulu. Quinine sulphate, 1.00; glycerin, 2.00; fluid extract of yerba santa, 2.00; syr. cacao, ad., 30.00 M. S. Shake. Mix quinine, two or three grains to a dram of olive oil and administer in cold milk. Quinine sulph., 0.65; aquæ (acidulated), 5.00; mellis albæ, 40.00.

M. Sig.—Dram one every two or three hours. Quinine chocolates are a very good way to give the drug to children who can be persuaded to eat them. The taste at first is disguised, but generally appears later.

Salicylic Acid: This nauseous, sickening dose is best given in the salicylate of soda and well diluted. It is still bad, and some delicate stomachs cannot bear it at all. It is well given in the essence of pepsine or the elixir of lactopeptine, both of which obviate to an extent its deleterious effect on the stomach. Salicylate of soda is also well borne and its taste well concealed in equal parts of glycerin and syr. rubii idæ, equal parts of peppermint water and simple syrup or simple elixir also help disguise the evil taste of the salicylates.

For adhesiveness, viscidity and nastiness all,
For the most staying taste, give us castor oil.

Rinsing the mouth and throat with alcoholic liquors prevents the adhesion to those

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parts. It may be rendered more tasteless and less viscid by mixing it with hot milk, bouillon or coffee, or with the foam of ale or beer, or peppermint water and brandy. A small quantity of anisette in a claret glass, taking care that the edges of the glass are moistened with the liquor. The dose of the castor oil slightly warmed to make it thinner and more easily swallowed is poured into the glass. The penetrating odor of the cordial mask those of the oil, and it is hardly tasted when swallowed. The Arabs administer castor oil as follows: Pour an ounce of castor oil slowly, drop by drop, into a cup of milk set on a stove, and heat while stirring. In a few minutes a perfect emulsion is formed, and to this is added some syrup of orange flower. In this way the oil seems not only more palatable but more active. The taste of the oil is scarcely perceptible when administered with glycerin and a few drops of cinnamon and oil of gaultheria. Administered in capsules the taste is, of course, quite covered, and this is a very good way, admissible only for those who can swallow so large a capsule, and generally inadmissible for children. Sassafras in the preparation known as sarsaparilla is quite efficient in masking castor oil, especially when used in connection with effervescent waters. There are numerous other aromatics which could probably be used in the same way. It can be taken floated upon soda water flavored with some aromatic syrup, or a regular emulsion may be made, as with cod liver oil, by means of mucilage or other emulsifying agent. If thoroughly emulsified with the addition of orange juice, a mixture is formed which is almost unobjectionable. Castor oil may be administered by rectal injection. In this way it acts principally locally and mechanically as a lubricant, but there is doubtless a certain quantity absorbed, as there is usually an effect more than would otherwise be expected. Castor oil is absorbed to a slight extent through the skin, but this is of no practical value. Make a powder composed of equal parts of gum acacia, licorice, lactose and flavored with vanilla. A pinch of this powder added to water and shaken makes a very persistent froth, in which may be given, without the slightest taste, such oils as castor oil, as well as much lighter substances, salicylates, cod liver oil, iodized or phosphated oil, as of methyl; essence of santal and so on.

The following are good formulas:

℞ Ol. ricini ..... ℥j
Glycerin ..... ℥j
Ol. gaultheriæ .....gtt. xv
M. Sig.—Take one to four teaspoonfuls.

℞ Vanillin .... gr. i ¼
Ol. menth. pip. ..... gr. iv
Saccharin ..... gr. ivss
Alcoholis .... ℥iss
Mix and add:

℞ Tinct. cudbear ..... gtt. xv
Ol. ricini ..... ℥iv
Mix, shake and add the above two mixtures together.

℞ Gum acaciæ pulv. .....℥ss
Ol. ricini ..... ℥j
Saccharin ..... gr. x
Ol. cloves ..... gr. ij
Aquæ ....ad ℥ij
Add the gum in the water; add the oil, and last of all the flavoring:

℞ Saccharin ..... gr. ij
Ol, minth. pip. ..... gr. ivss
Alcoholis .....q. s
M. fiat solution et adde ol. ricini ℥viij. Dose, same as castor oil.

If your guts get in a coil,
Take a dose of castor oil.

19 West Seventh street, Cincinnati, Ohio.

LEUCORRHEA.

By R. J. Smith, M. D.

Leucorrhea is one of the most common and annoying conditions from which women suffer. Its causes are many, one of the principal being irritable vaginal mucosa. On the proper diagnosis of the underlying condition is based the rational treatment. Just in proportion as the cause is recognized is relief certain. It is because this condition has not received the care and attention its importance demands that the patients seek relief from secret remedies, as "Viavi." Local treatment is no doubt an important procedure, but since the condition is often simply a local manifestation of a constitutional taint, internal treatment is demanded in many of the presenting cases.

In many patients there is a history of constipation, with an autotoxemic condition resulting; on others, a misplacement of the pelvic viscera, lacerations, dysmennorrhea, amenorrhea, infantile uterus, subinvolution, with engagement of uterine and vaginal mucosa; ovaritis, endometritis; many of the patients are nervous, anemic, debilitated, and the leucorrhea is simply a manifestation of a general catarrhal condition.

Obviously local treatment is palliative and constitutional treatment must be depended on for lasting benefit.

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Diet, hygiene and exercise must receive attention. The excreting organs must be restored to normal action. A preliminary course of cholagogues and salines to increase elimination is essential. Calomel, leptandrin, podophyllin, iridin may be combined as the practitioner desires, prescribed in small, frequently-repeated doses, and the saline given subsequently to flush out thoroughly the gastrointestinal canal. The drinking of sufficient pure water to dilute the urine and flush out the kidneys should be advised. Women habitually drink too little water.

The diet should be nutritious and easily digested. The skin should be aroused to increased activity by frequent bathing.

Exercise should be taken regularly and in increased amounts daily. General tonics should be prescribed, and for this purpose the use of the triple arsenates of iron, quinine and strychnine with nuclein is to be commended.

The sulphocarbolates of lime, zinc and soda (W. A. Intestinal Antiseptics) should be prescribed in all cases of fermentation and malodorous stools. The local treatment consists in the use of depleting and astringent remedies.

In all cases of enlargement, with feeling of weight and fullness, the use of tampons of ichthyol and glycerin, or of the depleting suppositories will bring results. The glycero-magnesium suppositories consist of chemically pure magnesium sulphate and glycero-gelatin base. They deplete the engorged tissues, relieving stasis by stimulating the secreting activity of the vaginal mucosa, causing exudation of large amounts of watery fluids through the hygroscopic action of the contained glycerin. Antiseptic and other medicaments may be incorporated, but the beneficial action results from the draining of the pelvic tissues. Relief from pain and dragging sense of weight is most marked.

If astringents are indicated, sulphocarbolate of zinc, ℈i to the pint of warm water, is to be preferred. The uterine tonics, anemonin, macrotin, caulophyllin, helonin, viburnin, senecin, are often indicated in these cases. Anemonin relieves congestion, increases tone and is especially indicated in amenorrheic leucorrhea, with pains in loins, general debility and nervousness. Macrotin is a splendid remedy in chronic states, presenting a history of dysmenorrhea with irritable uterus. Caulophyllin is specially directed to uterine leucorrhea, with congested uterus and thick white discharge. Helonin is useful in atony of female reproductive organs. Viburnin is an astringent, tonic and alterative. It has a special action on pelvic organs; acts through the nerve supply, is therefore a nervine of power, restoring tone, improving the circulation. Senecin relieves pelvic irritation, useful in leucorrhea with atony of vaginal walls, uterine displacements, with fullness and weight. Gelseminine allays excitement and reduces sensibility to pain. Where pain is complained of in conjunction with leucorrhea this remedy relieves rapidly.

Several of the above uterine tonics may be combined; others, such as aletrin, hydrastin, hamamelin, ergotin, echinacea, may be used as indicated. The formula known as Buckley's uterine tonic improved is excellent. Many years' use of this combination only increases the dependence, in indicated cases, the writer places upon it. It is tonic and sedative; restores tone and checks discharge; relieves pain and assists the return to normal of disordered pelvic function. If this remedy is continued during the last three months of pregnancy there will be little complaint of leucorrhea, often so annoying, and of the pains and distress so often accompanying pregnancy.

Smithfield, Utah.

HELPFUL HINTS IN TREATING VARIOUS DISEASES.

By C. W. Canan, M. D., B. S., Ph. D.

Below we give a list of remedies that we have found to be especially valuable in treating the diseases in which they are indicated.

In anemia, complicated with constipation, always combine or add a pill of exsiccated ferrous sulphate to your purgative.

In treating a case of tertiary syphilis remember that only large doses of the iodides will produce the desired results, and that this must be combined with a stomach tonic to be successful.

In treating the "heats" and "flushes" and other symptoms from which women suffer during the menopause there is nothing so valuable as large doses of bromide of potassium, combined with tr. gentian or columbo, or both.

That five grains of butyl-chloral-hydrate with one-two hundredth gr. of gelsemin excels all other remedies in neuralgia of the fifth nerve.

In treating infantile diarrhea, with green, slimy, offensive stools, use small doses of perchloride of mercury; nothing like it.

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Remember that we have no drug that excels the sulphide of calcium in treating boils, carbuncles and abscesses when administered in doses of one-tenth grain.

In treating patients who have malaria and suffer from supraorbital neuralgia during periodical febrile disturbances give large doses of quinine and alternate with Fowler's solution.

In treating autumnal or choleraic diarrhea, with severe cramps in stomach and bowels, we have found the following a very simple and effective treatment: Take one ounce of a saturated solution of camphor in alcohol; No. 6, two drams. Shake and administer from 5 to 15 drops every half-hour, and then further apart.

In treating febrile conditions of children, with rapid pulse, high arterial tension and nervous symptoms, there is nothing within the lids of the Materia Medica that takes the place of aconite. From two to four minims of the tr. of the root is added to one ounce of water, and one-half teaspoonful is administered every 20 to 30 minutes, until the arterial tension is lowered, the skin becomes active and the patient becomes soothed and restful Then the drug is withdrawn or administered at long intervals.

Remember that aconite is also one of our ablest drugs with which to combat that frightful condition, "puerperal convulsions," when it occurs after labor has been completed. Only those who have seen its most beautiful results in this condition know its value.

In all forms of dry, troublesome cough we have seen the following produce most excellent results: Paint chest and back with liquor iodi fortis, diluted, if necessary, with equal parts of the tincture.

In treating cholera infantum and the milder forms of summer diarrhea begin with a thorough cleaning of the intestinal canal by administering small doses of the mild chloride and follow with an alkaline purgative; then render the canal thoroughly aseptic by administering the sulphocarbolates and keep it so, and finish by careful dieting and the use of stimulants and astringents if indicated.

Until a short time ago we were taught that there was no drug that would prevent or ameliorate the paroxysms of whooping-cough but scientific research has proven this to be false. That we now have a remedy that is almost a specific in this condition is not putting it too strong. The drug in question is formaldehyde, or, in other words, its fumes. In your next case of whooping-cough secure yourself some paraform tablets. Place from one to three of these in some glass vessel; add to these one-half dram of alcohol and let them evaporate where the patient can breathe the fumes. This can be repeated from time to time. This relieves the vomiting and paroxysms of cough. If the room be very small one tablet is sufficient. If too many are used the fumes become too irritating and do harm in the place of good.

Orkney Springs, Va.

STRYCHNINE ARSENATE.

By J. Robert Landers, M. D.

We feel like pausing a moment to bless the man who invented arsenate of strychnine, whether you think he deserves it or not, though we do not know whom we are blessing. Or is this undeserving, and is the strychnine arsenate a superfluous preparation, and is there no need of a discriminating application because there is no difference of action of the different salts of strychnine, as contended by a professional acquaintance, who has mental photonosos instantly on mention of accuracy and discrimination in means and application? Whatever may be the consensus of opinion, and whatever may be the facts, and whether or not any one salt of strychnine will do any and everything any other salt of strychnine will, practitioners who use the arsenate prefer it in some cases at least, whether they tell us why or not. We are quite sure some will tell us they get better results from strychnine arsenate in this or that disease or condition. The more aggressive practitioner who demands dependable remedies in active preparation, susceptible of ready usage, will tell us, and very positively, too, that strychnine arsenate is eminently preferable and superior in some cases—and many cases—and may even attempt to tell why, or would not be afraid to hazard a guess. However, we find the opinion not rare that strychnine is strychnine, and that there is never need for choice, except possibly as to physical characteristics on account of method of dispensing or administering. This opinion may be more or less general, but that strychnine arsenate has no field or efficiency not possessed by any or all other salts of strychnine is by no means concurred in by the writer. The physiologist has not particularized the action and uses of the different salts of strychnine and defined them exhaustively and in detail within our knowledge.

The trend in practice is toward nicety and precision in application. To make this dis-

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criminating application knowledge of the action and effects of remedies individually is an imperative necessity. To the writer there is distinct and material evidence of the superior and advantageous reclaiming influences of the arsenate of strychnine above the other salts of strychnine, especially in physiologic declension, toxicosis and autotoxemia of acute diseases, where it seems actively and energetically modifying and arresting, promptly and magnificently qualifying for physiologic responsibility and steadily and masterfully effective in recuperation until the system is independently competent. To explain why or how is not within the province of this paper, if it were within the ability of its author. But if someone competent would shed light in this direction it would add to therapeutic directness and substantially improve in application to effectiveness. There seems reason to believe that the arsenate of strychnine is the better preparation, or else is best adapted and most advantageous in most cases usually met, from systemic boggle to incapacity or complete disqualification. Anyway the possibilities of strychnine, especially of the arsenate, have not been measured, if measurable, and we see more often than occasionally results not foreseen or expected, if not surprising, though the alkaloid is among the longest known.

A case in point was one of acute asthma in a non-asthmatic, with acute distress and anxiety, in which almost every remedy for immediate relief was tried that could be thought of for a week, with only the most limited relief noticeable for only from a few minutes to an hour. All practically of no avail, not even comforting to a bearable and resting point. After about one week in this condition strychnine arsenate alone was administered in one mg. doses every quarter-hour. After one hour every vestige of the disorder disappeared. Do you say it was ready to spontaneously retreat? Very well, we stopped the arsenate of strychnine right there, and the asthma came back. Now 4 milligrams were administered at a single dose, again the asthma vanished; again it returned; when the patient was put on 4 milligrams of the same remedy every three hours during the daytime for five days there was no more return, and has not been in four months. There was a very noticeable improvement in the patient's strength and appearance, and instead of the restlessness and dysphoria there ensued a feeling of well-being and contentment. Why this result? What is the key to the use of strychnine arsenate in this disease? Or is this an exceptional action? A young married man, 30 years old, consulted the writer, stating that his appetite was sufficient, except he lacked relish; bowels had moved regularly, but not free enough, and he did not feel as well as usual, not as buoyant and active, though "not a particle sick." He was given a dozen one-half milligramme granules of strychnine arsenate and instructed to take one before supper, one after supper and one at bedtime, and if he did not feel better by morning to take two before meals and at bedtime. The next morning he came in smiling and said: "Those pills are small but mighty." When asked why, he said this: The three he took the day before had moved the bowel three times before breakfast and once since. He was ordered to take only one at meals. And the next day he came in declaring he could not take so many and would only take one at night, which he did, and claimed the one would cause an extra movement. It was thought suggestion played a considerable part. When the man consulted us again, some granules having the appearance of the strychnine arsenate were shown him, and he was asked if he did not take some like that before. He replied affirmatively and was given strychnine arsenate again, with the assurance that they would not act on the bowel, and to take one before and after supper, and bedtime. He was on hand early in the morning with the information that if the granules were not like the ones previously used, they were close kin, as they moved the bowel identically as before. About four times a year, for several years, this man was given a few granules of this remedy, and they always caused free action from the bowel, and he said, after taking them a couple or three days he felt perfectly renewed, with an appetite and digestion equal to any and all emergencies, and he remarked that he never took anything that brought about such a feeling of well-being. Why this result? And what is the key to the use of the arsenate of strychnine in such case? For it will not often work this way. In consequence of his experience, as before intimated, the writer holds strongly to the opinion, as suggested, of strychnine arsenate being generally preferable or adapted to the usual case, or is the superlative preparation or salt of strychnine. It is to be hoped that competent authority will give us more definite information along these lines to satisfy the disposition and the now manifesting earnest solicitude for discrimination and directness in therapeutic application. Meanwhile we will avail ourselves of what we have, and the remedy under consideration will continue to display its qualifications for a prominent place in therapeutics by rendering the same magnificently effective service.

Teheran, Ill.

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Medical Progress

Under this head we endeavor to present a condensed summary of practical medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value

SIMPLE ELIXIR AS A VEHICLE IN PRESCRIPTIONS INTENDED FOR CHILDREN.

The following paper was read by E. F. Heffner, Ph. G., of Lock Haven, Pa., at the recent meeting of the Pennsylvania Pharmaceutical Association, and we deem it of sufficient importance to present it in its entirety, as reprinted from the proceedings of the Association to the SUMMARY readers. Heffner says:

Prescriptions coming to me to be filled and calling for simple elixir as a vehicle, or in considerable quantity, which prescriptions I knew to be for children of tender years, led me to investigate the physician's idea of this preparation and the quantity of alcohol it contained.

It astonished me to find occasionally a physician who thought it contained no alcohol, while the majority were of the opinion that simple elixir, and the medicinal elixirs of which it forms the basis, elixir calasaya, elixir lactopeptine, elixir gentiana, etc., were of a very slight alcoholic strength. Prescriptions have come under my observation, in my present location, and in other localities, like the following:

I.

For a child four months old:

℞ Sodii bromidi ..... gr. viij
Elix. simplicis ..... ʒj

Sig.—Teaspoonful every half or one hour, as needed.

II.

For a six-year-old child:

℞ Potass. bromidi ..... gr. xlviij
Elix. val. ammon. .....ʒ iv
Elix. simplicis ..... q. s. ʒ iij

Sig: One or two teaspoonfuls in water every one or two hours, as needed.

No physician would give a child four months old a quarter teaspoonful of alcohol every half hour, yet that is what the child would have been given had the prescription been filled as written.

Compared with beer it would have been the same as giving a tablespoonful, or been equal to two teaspoonfuls of wine, or over half a teaspoonful of whisky or brandy.

Prescription No. 2 shows the same thing in a more frequently used form—the six-year-old child would get with each two or four grains of bromide the equivalent in strength of one-half or one whole teaspoonful of whisky, which would effectively counteract the sedative effect of the bromide.

These examples need no extended comment as to the possible injurious effect of the alcohol on children, as we all fully appreciate them. It impresses on our minds the fact, however, that we must occasionally refresh the minds of our medical friends in cases of this nature, and the information, if given in the proper spirit, will be thankfully received by any physician needing it.

In fact, it is a question in my mind if the very common practice of giving bromides and similar sedatives in simple elixir is a good one, as the effect of the bromide is seriously interfered with by the alcohol it contains.

While on the subject of simple elixir and bromides, I wish to present an example of a prescription fairly common in some localities. It is as follows:

℞ Sodium bromide .....ʒ iv
Chloral hydrate ..... ʒ iv
Simple elixir ..... q. s. ʒ iv.

Sig: Two teaspoonfuls in water every half to one hour.

This at first makes a bright, clear solution and the chemical incompatibility of chloral and alkali bromides in alcoholic solution would be generally overlooked. On standing half an hour the chloral alcoholate will come to the top in a clear layer about one-fourth of an inch thick, and of a color very closely resembling the rest of the prescription. I know of one case in which the mixture was dispensed without a "Shake" label and the patient got nearly all of the chloral in the form of alcoholate at the second dose.

The use of aromatic water and simple syrup as a vehicle in prescriptions of this nature would obviate any danger.

[It is a well-known fact that the introduction of sugar into the stomach, when in an unhealthy condition, is objectionable, as it is likely to induce fermentation, and thereby produce body heat, etc. Therefore syrups, as a vehicle, should be avoided whenever possible, anyway.—ED.]

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INFANTILE NOCTURNAL INCONTINENCE DUE TO URINARY HYPERACIDITY.

G. Carriere and L. Caudron, in *Le Nord Medical,* state that the pathogenesis of essential infantile incontinence of urine is very complex. The causes of this condition which have been recognized are legion and one of the least known of them is urinary hyperacidity. The writers, after extensive observation of cases of this nature emphasize as the cause of the condition an abnormal increase of urinary acidity. In order to combat this condition, they prescribe the internal administration of alkalines in the form of bicarbonate or phosphate of soda. It should be remembered that when liquids are cut off from the evening meal the urine, which is less abundant, will be richer in urinary acid. The function of elimination of the skin should be encouraged by means of dry friction or by alcoholic rubs, by massage or by the various methods of hydrotherapy. The treatment should be sufficiently prolonged to prevent a recurrence. It seems to be difficult to give exact limits to the duration of the treatment by the alkalines, but it should continue in rather large doses for at least two months. Not until the amount of urinary acidity falls to less than two grams during the twenty-four hours that the doses should be diminished gradually. Speaking in general, the treatment should extend over an approximate period of from five to six months.—*Medical Record.*

LEUCORRHEA.

If the discharge is watery, the following formula will supply a valuable suppository for leucorrhea:

℞ Hydrastine hydrochlorat.,
Zinci Borat ..... aa gr. xij
Ext. belladonna ..... gr. iij
Boroglycerin ..... 3 iv
M. Ft. suppositoria No. xij.
Sig.: Introduce suppository into vagina at bedtime, after using a cleansing douche.

PRURITIS ANI.

The *Medical Standard* says that in pruritis ani the most violent itching is experienced at the junction of the skin and mucous membrane, and applications should be made especially to this area. Hot water often affords marked relief. An efficient application to be employed with care once daily, consists of liquor potassæ 1 dram; carbolic acid, 2 drams; linseed oil, 1 ounce, with two drops of an essential oil. Menthol and ichthyol are also excellent remedies. I have good results from the use of menthol, oleate of morphine, ichthyol and anesthesine, the base being benzoated oxide of zinc ointment; first, however, bathing the parts with a weak solution of bichloride of hydrargyrum.—Dr. Earp, *Monitor.*

THE TREATMENT OF LEUCORRHEA.

Dr. J. A. Gaines, of Nashville, Tenn., in *Southern Medicine,* says:

In anemic patients reberent tonics should be prescribed, the bowels regulated and they should be encouraged to take outdoor exercise and drink freely of water. If the patient is plethoric and of uric acid diathesis (Lithemic) treatment for this condition with proper restrictions in diet, free elimination and exercise should form a part of the regime.

Simple catarrhal vaginitis should receive locally hot antiseptic or astringent douches with especial care given systemic condition being usually all that is required. Where there is associated displacement, this should receive appropriate treatment for restoration to normal position, often requiring only glycerin tamponage.

If endrometritis and cervicitis co-exist, a curettement should be given followed by argyrol sol. 25 per cent. applied to cervical canal and vaginal mucosa every second day, after thoroughly scrubbing off all mucus and vaginal secretions during a copious hot water douche. When this fails to give satisfactory results there is nothing so reliable as the application of Argenti Nit. xx—xxx—to one ounce of sterile water. This as well as argyrol sol, should be applied on cotton swab through widely opened vaginal speculum, which should be introduced after douche, without oiling, mopping out cervical canal and applying to vaginal wall as speculum is withdrawn, only allowing the blades of the speculum to close as the entroitus is approached, thus keeping the membrane on a stretch so as to apply the silver solution to every fold, and yet not cause pain by distending vaginal orifice too greatly.

In gonorrheal vaginitis, no other remedy is so valuable as the silver solutions and especially the nitrate in gr. xl to one ounce of water applied as above every third day with antiseptic douches administered by the patient morning and evening. Usually where the cervix is not involved three and rarely more than five such applications are required. Where the cervix

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is involved the tenacious mucus should be removed; and this is often best done by suction with a syringe before applying the silver solution. The ordinary solution of hydrogen peroxide is often very helpful in cleansing the cervix. A small cervical curette is useful in the chronic cases before applying the solution of silver.

The silver salts mentioned in varying strengths are so satisfactory that they have superseded all other antiseptics in my work and where properly applied are eminently satisfactory.

EUONYMIN IN DIABETES INSIPIDUS.

Dr. H. M. Chase, of Rock Island, Ill., in the course of an article on the subject of euonymin in *The Critique*, says:

In one case of diabetes insipidus in a man about 40 years old, the urine had a specific gravity of 1000 to 1010. He claimed to have had excessive urination, even as a child, with chronic indigestion. He seems to be practically cured after using euonymin in doses of from 6 to 8 tablets daily for several months. The indigestion has disappeared and the urine is about normal in quality and specific gravity. He gained about ten pounds in weight.

INTERESTING FACTS.

Gonorrhea and its complications form 90 per cent. of venereal diseases.

Medical statistics rate over 85 per cent. of all adult males as present or past sufferers from the disease.

Gonorrhea is the cause of 60 per cent. of all uterine and sexual disorders in women.

Very few women of loose sexual morals escape gonorrheal infection.

Under certain conditions syphilis is not communicable. Gonorrhea is always communicable.

One attack of syphilis confers immunity. Each attack of gonorrhea renders a person more liable to future attacks.

Gonorrhea causes 80 per cent. of infantile blindness and 20 per cent. of all blindness.

Gonorrhea often causes impotence and frequently deprives its victim of his ability to beget children.

Gonorrheal germs have been known to invade every part of the body except liver spleen and intestinal tract.

Gonococci have been known to remain in the human body for years, without giving evidence of their presence, and yet retain their power of infecting others.

Gonorrhea is curable, but it must be carefully and scientifically treated by a competent reputable physician.

ACETANILID.

We read frequently of the danger of acetanilid. Any agent of great utility is capable of some harm if improperly used. This is true of opium, chloral and nearly all useful drugs. Considering the valuable therapeutical qualities of acetanilid it is comparatively safe. If two or three full doses do not accomplish the result desired its employment for that time should be abandoned.

GONORRHEA.

In the acute stage a cleansing agent should be used. Hot water is the best. A little borax or soda may be added to it. As the acute stage subsides and not till then a bactericidal agent may be used. The best, perhaps, is some one of the nitrate of silver solutions. There are a number of good ones on the market. After the need of an antiseptic is passed, an astringent injection should be used. A good one is sulphate of zinc, two grains to the ounce. There are hundreds of astringents and antiseptic injections for use, but these, if properly used, are very efficacious.

STRANGULATED HERNIA.

If taxis fails to reduce it do not lose much time in giving an anesthetic. Also apply heat and a poultice made of leaf tobacco. Do not delay too long in calling to your aid a surgical friend.

PUERPERAL ECLAMPSIA.

Keep the temperature down to normal and the pulse about sixty. Veratrum viride is our sheet anchor, as it has been for years. It gives results when administered hypodermically. It must be pushed to effect—20, 30, 40, yes, even 50 or 60 minims. Give a little morphine with the initial dose. Don't be alarmed if it produces copious perspiration.

LOSS OF APPETITE.

If the patient does not seem to stand in need of calomel or other cathartic give five drops of nitro-hydrochloric acid in a wineglass of water three times daily. If he has nausea and eructations of food give phosphate of soda at night, and two drops of Fowler's solution before each meal.

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HOW TO MANAGE OTORRHŒA.

Dr. F. E. Burgenvin, of Spiro, I. T., in *The Kansas City Medical Record* for July, says:

Otorrhœa, from purulent middle-ear catarrh, the "running ears" of the laity, was at first my *bete noire.* I used the classic treatment of Pomeroy and others—syringing, insufflations of powdered boric acid, etc., sometimes with *benefit,* sometimes the reverse, but never by any chance *curing* any of them, until I dreaded to see a patient with cotton in his ears come into the office. Now I cure them in a few days or weeks without difficulty, and really prefer this class of cases to any other. When I was at the Manhattan Eye and Ear Hospital, in 1890, Dr. Pomeroy said that one case had been under treatment nearly ten months and was *slightly improved.* He said that it required one to two years to cure this disease, and then it generally returned.

My method of treatment is as simple as it is effectual, and any doctor after reading my description attentively can use it as well as I can and cure every case. Once daily I fill the ear with a warm solution of some good peroxide of hydrogen, beginning with a 25 per cent. solution and increasing the strength every day until the pure drug is used. Hydrozone is the same only twice as strong, and I use it when I can get it simply from motives of economy. After cleansing the ear thoroughly, which at first may require from twenty minutes to two hours, according to the foulness of the auditory canal, I then instill a few drops of Glycozone (warmed) and close the canal securely with a bit of absorbent cotton. This is allowed to remain in *situ* until the next treatment.

The first cleansing should be very thorough, the peroxide being repeatedly instilled until all foaming ceases. In some cases it may require two, three or more treatments to cleanse the ear properly ,especially if the lumen be occluded by a furuncle, or by swelling, or inspissated discharge. Do not be discouraged by any little difficulty like this, keep right on and you will finally succeed in getting the ear *clean.* After that, it is plain sailing. Thenceforth the daily treatment need not consume more than ten to twenty minutes. It is better to treat the case every day, but I have had good success with patients who could not come often than once a week. Do not give the patient medicine to use at home and expect to cure him; and never tell him what you are using.

When the diseased ear has once been thoroughly cleansed I consider my work as half done. Thenceforth improvement is usually very rapid, even old inveterate cases yielding in a few weeks. Relapses occur, but are easily managed, and I have seldom had a second relapse. Of course, mastoid disease, necrosis, polyps, tec., must receive appropriate treatment, but I have no hesitation in saying that all simple uncomplicated cases (which include the vast majority of cases under one year's duration) may be cured by this treatment if it is properly and thoroughly carried out.

Care must be taken to have the medicaments warm and not too hot—100 F. is about right—and to always stop up the ear with a bit of aseptic cotton before permitting the patient to leave the office. Be careful to use a piece of cotton of just the right size to securely close up the meatus; if too large it will work out, allowing the solution to escape and leaving the ear unprotected; if too small it will slip back into the canal and so fail of its effect.

Never syringe the ears in otorrhœa; it is risky and useless. I usually drop in a little warm solution of sodium borate--5 per cent. in the ear to prevent a slight stinging which sometimes ensues when active steps are taken. I also dry out the canal with cotton on an applicator, but this should be very carefully done with speculum, and the canal well lighted.

TREATMENT OF TYPHOID FEVER.

Dr. A. D. Atwood, in the *Denver Medical Times,* says:

If called early, whether the case is the typhoid state or typhoid fever, if the patient is fairly strong I give aconitine, gr. 1-134 (for fever) each and every hour for twelve hours; also one grain of calomel very hour for four doses, followed by a saline to flush the bowels. Zinc sulphocarbolate is given to saturation if there is diarrhea; otherwise sodium sulphocarbolate—five grains for a male, two grains for a female, every two hours, until nauseated.

When possible, I withhold all nourishment for 48 hours, but given lemonade freely. The tepid sponge bath is employed every three hours until the fever drops to 102. If it remains at 102 ,bathe twice a day; if higher, sponge every four hours, gradually reducing the temperature of the water while the fever remains above 102. After the first 24 hours I continue with calomel, gr. 1-10 every hour for two weeks; also the antiseptic in small doses, say a grain or two every two or three hours throughout the disease.

If there is severe headache or pain in the joints or back, I try to relieve with local measures, such as the icebag or cold com-

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presses. Am not in favor of the coal tar products in this condition, unless it is an asthenic case, and then use them only for the first 24 to 36 hours. I endeavor to clean out the intestinal tract as soon as possible, using some one of the antiseptics with calomel and a saline, and colonic flushing if there is much gas in the large intestine.

Unless a case has been down about two weeks, I am able to reduce the temperature curve from 1 degree to 3 degrees F.; then with careful watching can keep it down with sponging and the small doses of calomel along with light antiseptics. I give strychnine throughout the attack, especially after the first week, say 1-30 to 1-60 grain every four hours. For tympanites I use small doses of turpentine; for hemorrhage, ice, elevation of foot of bed, morphine and astringent injections. Other conditions are treated symptomatically.

Since the systemic infection of typhoid begins in the intestinal tract, it seems to me that antiseptic treatment is better than the expectant plan, and in my limited experience certainly has done no harm. Aside from local measures, I am not a believer in much medicine. Good nursing and proper diet are at least half the battle. Milk in some form is the best food when well borne. I like rice and barley gruel with it, and also use eggnog, coffee, cocoa, somatose and many other light articles. If my cases were in the hospital, I should adhere rather closely to the Brand method.

To resume, my method of treating typhoid fever is as follows:

1. Try to reduce fever with medicine during the first 24 to 48 hours; also sponging.
2. Flush rectum and colon.
3. Use supportive measures, watching especially the heart and kidneys and the diet.

FOR BRONCHIAL COUGH.

Dr. Thomas J. Mays, of Philadelphia (*Dietetic and Hygienic Gazette*), recommends the application of mustard to the chest night and morning, or of tincture of iodine once daily, or of hot flaxseed meal poultices from morning until evening, or of croton oil mixed with an equal part of olive oil once a day in adults, and half a part of croton oil to sixteen parts of amber oil in children, morning and evening. An ounce of amber oil alone or with the addition of five drops of croton oil has been used with the happiest effects to the chest of very young infants with general catarrh of the chest. Suprarenalin over the pneumogastric area night and morning is also recommended, or the application of sinapism strips from the ear to the collar bone on each side and followed in half an hour with suprarenalin ointment has a good influence over the cough. He also recommends for very severe cases, the subcutaneous injections of four minims of a one per cent. silver nitrate solution immediately over or behind the carotid artery. Three minims of a one per cent. cocaine solution are first injected, and the syringe being detached from the needle, the former is filled with the silver solution, reintroduced and the four drops injected. If there is much reaction suprarenalin or adrenalin ointment will allay it.

Internally he recommends:

℞ Strychnine sulph. ..... gr. j
Quinine sulph. .....ʒiss
Pwd. capsicum ..... gr. xij
Dried iron sulphate ..... gr. x
M. Ft. caps. No. xxxii.

One capsule four times a day. A nutritious diet—milk, fresh beef juice, eggs, oysters, oatmeal, butter, cream, etc.—is a necessity—*St. Louis Medical Review.*

SULPHUR.

Dr. Louis Kolipinski called attention to the value of sulphur in chronic nasal catarrhs. The specialistic treatment of the chronic nasal catarrhs require knowledge, skill and the acquired technic of practice, and must properly remain the domain of him who has fitted himself in the treatment of suitable and selected cases, yet when these are provided for, the multitude of milder, latent, indolent and apathetic subjects is left without relief, and as a remedy for common use he recommends sulphur. The best galenical precipitatum U. S. P., a light impalpable powder which by sufflation may be widely diffused through space. In treating the several forms of chronic nasal catarrh, it is his custom to have the patient seated with head erect, and the mouth open. The interior nasal cavity is exposed with a speculum, the tip of the nose elevated and the sulphur freely and thoroughly blown in with a strong powder blower. This has been properly done when the powder appears from mouth and opposite nostril, and an irritative cough results. The treatment is repeated upon the other side. The posterior nasal space and nasopharynx may also be treated directly by way of the floor of the nose and fauces. These applications are made two or three times a week for a month, and once a week for the next two months. The local sensations of the sulphur are not unpleasant. With this method a considerable number

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of cases have been cured, and the results seem uniform. Success, of course, requires a suitable selection, those in which there is no other primary nasal disease, deflection, deformity or growth requiring surgical methods. The immediate effects of the sulphur are to check the purulent irritating nasal discharge, heal the excoriations, improve the patient's pale and languid looks, and stop the sniffling, sneezing, crust formation and odor. It is not adapted to acute nasal catarrh caryza.—*Cleveland Medical Journal.*

FOR THE COUGH IN LOBAR PNEUMONIA.

Dr. J. V. Shoemaker in the *Medical Bulletin*, claims to give relief by administering internally every two hours until relieved, then every three or four hours, as necessary, the following:

℞ Codein sulph. ..... gr. ⅛
Ammonium chlorid. ..... gr. iiij
Spirit juniper comp. ..... m x
Licorice mixture comp.
Syrup pruni virg. ..... aa ʒ ss
M. for one dose.

THE WAY TO SPONGE FEVER PATIENTS.

When about to commence to sponge a fever patient the exact temperature of the body must first be noted. For tepid sponging the water prepared should be from 80 to 90 degrees F. Remove all personal clothing from the patient and place blankets both under and over him. Place beside the bed all basins, sponges and towels, or anything that may be required, as under no circumstances should a patient be left during an operation. Commence at the head and sponge downward, exposing only one limb at a time. When the whole body has been sponged the patient should be wrapped in a warm blanket and left undisturbed for an hour or even longer. The temperature may then be taken again to ascertain how much it has been reduced. The same precautions should be used in cold sponging as in tepid. It will, however, be found advisable to sponge each limb over with tepid water before applying the cold, as it will then cause less shock to the patient. It is wise to keep a hot bottle at the patient's feet, as with the feet warm there is less fear of chill, and in the case of a fever patient there is always more or less danger of collapse. When the temperature has been reduced the body must be gently dried and a flannel nightgown put on. After a cold sponge the temperature may fall from 1 to 6 degrees; the colder the water the sooner the reaction takes place. Ammonia, Cologne water or vinegar added to the water makes it more cooling by its rapid evaporation. Sponging can also be done by wringing towels out of cold water, dry enough not to drip, and placing them one after another from the neck downward. When the feet are reached, begin again at the head and renew each in succession, continuing as long as necessary.—*Practical Medicine.*

MYTHOLOGY NOTE.

Aesculapius, in Greek mythology, was the god of medicine. Those old fellows had a god for everything they knew. Aesculapius happened to be "it" for medicine. He was educated by the centaur Chinon, who taught him the art of healing. Dr. Aesculapius got practice outside of his own town and won the reputation of being able to cure the worst diseases. He perhaps had a cellar full of cast-off crutches. Aesculapius did not use a static machine. He had no clinical thermometer, no stethoscope, no ophthalmoscope, no miscroscope, no elegant and dependable drugs. Whether he possessed *bona fide* skill or whether it was mainly the subjective faith of his patients that operated for their recovery we are left to conjecture. Anyway the patients got well, and that was the vital part of the matter that concerned both parties. In many places tablets were hung up heralding the great healer's skill, as on them were the names of persons cured and what they were cured of. If Aesculapius had lived to-day he would have had a new Congressman's picture in the paper every day giving testimonials under scare heads of how they were snatched from the jaws of death. He would have got all the ethical doctors down on him, which would have made him more business than ever. If it had not been for Aesculapius the Aesculapian medical societies would have been under the necessity of rooting around for some other name. The old healer met a tragic death. He restored to life Hyppolytus, who had been torn to pieces by his own horse. Jupiter killed him with a thunderbolt for this act. Jupiter, by the way, was not a rival physician, but was the high micketymuck, who presided over all the other gods. Jupiter, like many small men who get promoted to a job too big for them, thought he ought to do something to show his authority. It may have been another case of the "innocent bystander." Jupiter had to kill some one.

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Notes and Queries.

FOR this department we cordially invite questions, comments and criticisms on all topics of interest to the physician in his daily work for the relief of the sick, thus making the Summary a valuable medium for intercommunication between the medical profession.

Correspondents will give their names and addresses, but initials only will be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

THE WHITE LIQUID PHYSIC.

Editor Medical Summary:

Please publish formula for the white liquid physic, if you think it of sufficient importance to occupy space in THE SUMMARY, and by doing so you will oblige a subscriber, and there are others, perhaps, whom it would oblige.

E. T. SABAL, M. D.

Jacksonville, Fla.

[The best source of information relative to the above mentioned formula is probably obtained from King's American Dispensatory, and from it we quote: The White Liquid Physic, or Dow's Physic, is made as follows: Take sulphate of sodium, one-half pound, water one and one-half pints, dissolve, and then add nitrohydrochloric acid two ounces, powdered alum 68 grains. This preparation is used as a cooling purgative, also to allay nausea and vomiting; for colic, hepatic diseases, oxaluria, diarrhea, etc. Given by some as a substitute for mercury. In intermittent fever, given in laxative doses, it has proven highly beneficial, especially when occuring in broken-down constitutions, and has cured the most obstinate cases of dysentery. Dose, a teaspoonful in a gill of water three times a day; or, in dysentery, given every hour, until it slightly operates the bowels, after which, every three or four hours. In order to protect the teeth from the action of the acid, in this preparation, each dose should be sucked through a straw, reed, or glass tube, and, immediately after the dose has been swallowed, the mouth should be rinsed once or twice with an alkaline solution. The above is the original prescription and the addition of sanguinaria, etc., are uncalled for.

The White Liquid Physic, as given by Dr. Scudder (Materia Medica, page 185), is made as follows: Sulphate of sodium, one-half pound; water, one and one-half pints; dissolve the sulphate of sodium in the water and add nitric acid one ounce; hydrochloric acid one ounce. This he regarded as one of the most efficient remedies in dysentery, used to produce at least one bilious evacuation, and afterwards continued in smaller doses. "It acts directly upon the liver, removes the constipated state of the upper part of the intestinal canal, lessens the tormina and tenesmus, and speedily checks the dysenteric discharge." Dose a tablespoonful every hour in sweetened water until catharsis ensues.—ED.]

THE FRUIT DIET.

Editor Medical Summary:

A physician in New York says "that in inflammatory conditions of the kidney fruits are not indicated, because they contain acids." The fruits contain malic, hydrocyanic, tartaric and citric acids, but in such small quantities that they cannot prove injurious. Apples, oranges and pears can be and are given to the sick with impunity. They are largely water, sugar, fibrin, and a small percentage of malic, tartaric or citric acid, as stated. No one ever became worse from eating fruit in moderation, if it is mellow and ripe; thousands having fever bless the doctor for suggesting lemonade, and in Africa millions depend upon fruit for nourishment, and thrive on it. Dates and prunes act as a cathartic. Oranges and lemons are excellent febrifuges and bananas contain starch and sugar. We do wrong to refuse ripe fruit to any one. It is an excellent substitute for meat in summer and can be used safely at all times of the year. In grape juice we have an excellent example of the value of fruit acids and juices, and it can be taken by the most delicate patient. I have used Welch's grape juice in more than one instance, and do so because Dr. Welch guarantees quality and quantity. Its purity and flavor are very pleasing to patients recovering from fevers or rheumatism. It deserves to be praised, and should be employed when indicated. Unfermented wines are rare, if they exist at all, but fermentation can be stopped at any time.

Grape juice is better than wines in some instances. If used with care and moderation both are valuable aids to the doctor.

LUIGI G. DOANE, M. D.

New York City.

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OLD SORES.

Editor Medical Summary:

In every community we find people suffering from old sores on their limbs of from ten to twenty years' standing. If a physician is so lucky as to cure a case of this kind it helps to establish his reputation in the town in which he is located. I have had considerable experience in just such cases, and to those of my readers who are looking for more light on the subject I may be able to help them. One of the best local applications for these old sores (usually indolent ulcers) is a prescription which originated with Dr. George W. Boskowitz, dean of the Eclectic Medical College of New York City, and here is the formula:

℞ Fld. ext. lobelia,
Fld. ext. baptisia .....aa ℥j
Zinc sulph. ..... ℥j
Aqua dest. ..... Oj

M. Filter and add one ounce to a pint of hot water. Get a douche that you can hang upon the wall, pour into it a pint of hot water containing an ounce of the wash, hold the nozzle in your hand and give the sore and surrounding parts a good, thorough washing with this mixture; do this once a day. After you have washed the sore with the douche, wet some cotton with the mixture, lay it over the sore, cover same with rubber tissue to retain the heat and moisture, then apply the bandage. A decided change will be noticed within a week. The patient may complain that it feels hot and may smart some, but that feeling soon passes away, and he will feel much better.

I find that patients with old sores have invariably used all sorts of greasy salves and all sorts of so-called blood medicines by the gallon. What they most need is a tonic course of treatment to build them up. Give 1-30 grain of the sulphate of strychnine, one granule before each meal and at bedtime, and also give the sulphocarbolates, or the double sulphide (Burgess), one tablet after each meal and at bedtime, to keep the intestinal canal clean and sweet, as it were. The strychnine will make the patient eat, and he will soon gain in strength also. If you can help these patients in the way of getting a good appetite and properly digest their food this will make good blood, and, with the above named wash applied locally, you stand a good chance of curing your patient.

I have had excellent results with the above treatment in many such cases, and hope that those of THE SUMMARY readers who will try this plan of treating old sores will meet with similar success. I am always glad to contribute my mite to the general fund of medical knowledge, and when I recommend a remedy or method of treatment my readers may feel assured that I had tested same in my own practice, and that it was reliable, otherwise I would not have given it for publication.

ELI G. JONES, M. D.
85 Bayard St., New Brunswick, N. J.

CEREBRO-SPINAL MENINGITIS.

Editor Medical Summary:

This disease is characterized by
1st. Convulsions,
2d. Fever,
3d. High pulse,
4th. Coma,
5th. An eruption of a red, blue or black color on all portions of the body, excepting the face.

As to the treatment, those given in this paper and the bromides afford the best results.

Every once in five or ten years epidemics prevail and the mortality is great. It is more fatal than typhus or typhoid.

It has been discovered that the turning up of the soil in large cities is followed by typhoid, malarial and other fevers, and scarlatina and diphtheria are quite common also. The soil receives sewage and acts as a sponge. If permitted to remain undisturbed it does not act as a source of contagion. Inflammatory diseases are promoted by bad air, impure water and rapid climatic changes, which depress the nervous system and indirectly cause inflammatory diseases.

Many deny the contagious character of spotted fever, but it is the duty of the health authorities to resort to isolation and disinfection as matters of precaution, even if we think the disease trivial.

Query. Is not spotted fever closely related to scarlatina, and, if not, can disinfection and isolation do any harm?

We are ignorant of the cause of the disease, and sanitary precautions cannot be amiss.

The disease is apparently one of germ origin and conveyed by the air and water.

The generation of ozone by artificial means and filtration of water and disinfection ought to be the limit in the way of treatment, which, with the ice cap, shaving the head and the judicious use of therapeutic agents, constitutes the rational application of remedies.

L. G. DOANE, M. D.
New York City.

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AN INTERESTING CASE.

Editor Medical Summary:

At times I am very much provoked and in a very special degree at the stupidity of members of the profession whom I meet day by day and especially when I read some of the contributions to your pages, but when they write such scientific rubbish as they sometimes do patience ceases to be a virtue.

Witness the attacks on the proven causation of tertian ague, and estivo-autumnal fever.

I had stopped just there and was saying to myself, is it worth while to say more when the telephone in my room rang and the man at the desk said: "Will you please go to room No. ——?"

I am not a practitioner, but they nearly always ask me if it is worth while to go for a physician if anything happens, since in a hotel like this, which is full to the limit Monday night and nearly tenantless to-morrw at noon, the demand for a physician's services is not the same as in one of the big hotels containing many families.

An undersized but admirably muscled man was coming out of a faint, face not livid nor greenish. Pulse weak, but regular, not rapid. Respiration, 16 full. After ten minutes obtained count of pulse, 62 a minute; hard and inelastic. Sensation is practically diagnostic-arterial fibrosis; cardiac syncope.

On making examination with my microphone stethoscope determined the "cogwheel" heart cycle. Diagnosis: Arterio-capillary fibrosis in advanced stage, producing anginose conditions, probably due to fibrosis of coronary artery. Mitral and aortic valves both roughened at the edges. Tricuspids indicate no change, but the sounds of this (right) heart are weak throughout.

Radiated pain to subclavian arch. Diagnosis is thus verified. Suspected albumen; testing, found large quantity, due, no doubt, to osmosis during syncope.

Inquiry shows that the man knows his condition, and the only interesting fact is blindness of left half visual field in right eye and total deafness of right ear.

Why this symptom? Has he an unusual distribution of the optic fibers, and is he the victim of temporary stasis, or was syncope the result of small embolism in the internal capsules causing pressure. If so, why did not blindness and deafness cross? Man may have been "at the bar" too much, thus causing excitement and rupture, with formation of temporary thromboid center. Deafness continued until 9 P. M., then the amount of hearing may have been exaggerated by anxiety; is still blind as above at present writing, 11.15 P. M.

It seems to me that the above has a few interesting points. The world is full to overflowing with wonders if one is awake and looking for them.

W. H. Birchmore, M. D.
163 Fulton st., Brooklyn, N. Y.

TREATMENT OF INFLUENZA OR GRIPPE.

Editor Medical Summary.

In many cases of influenza or la grippe sodium salicylate will be of much value, but a real good preparation should be used. A poor preparation will disturb the stomach and do but little good.

In some cases where the pulse is full and the patient robust an emetic of lobelia will be of value. It should be given in small and frequent doses until it acts well. This will relax the system and do much good in many ways.

Iodized calcium is a drug that is of much value in cases of la grippe and should be better known. This, like sodium salicylate, demands that a reliable preparation should be used or no results will be obtained from it. A few years ago many journals spoke of a mixture of tinct. of iodine and carbolic acid in drop doses for grippe and colds. I am of the opinion that iodized calcium will give better results.

The following will be of value in cough of grippe:

℞ Maltzyme ..... ℥ iv
Brandy,
Glycerin,
Succus lemonis tea .....℥ j
Aromatic spts. ammonia .....℥ iv

M. Sig.—One teaspoonful every two or three hours.

Boneset is a drug that is of some value in many cases of grippe; cimicifuga is also of some value in many cases of grippe.

Drinking of hot lemonade without sugar is a valuable remedy in any case if the patient can be induced to do it. The liver should be aroused in most cases and for this purpose calomel in combination with other remedies will be sufficient for this purpose. A compound of chionanthus and euonymus will be of value if there is a chronic sluggish condition of the liver and the tongue hard to clean.

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I will quote as follows from *Modern Eclectism* for October, 1905:

"So the bad cold—what causes it? A cold breeze blowing on the back of the neck and shoulders through an open door or window while the body is warm is often the cause producing a slight neurosis of the nerves given off from the medulla oblongata, which convey normally the electric stimulation to the mucous surfaces of the Schneiderian membrane of the nasal surface, the larnyx and bronchi, hence very soon for lack of this we have a congestion of all mucous surfaces involved. Abnormal secretion, sneezing, coughing, hoarse sepulchral voice, flowing tears, etc., a bad cold—worse cold I ever had in my life, often expressed by the sufferer. If let alone it will run a few days and sometimes weeks. But we have in specific medicine remedies that have an affinity for the very nerve roots involved, and if we give Lloyd's specific serpentaria 11 drops, specific lobelia ½ drop, specific ipecac ⅛ drop in ¼ cup of hot tea every 15 minutes, within two hours the remedy seems to go right to the spot and the nerves that seem to be like a rawhide whipcrack in wet weather at once or very soon seem to be restored to normal condition, sending forth to these terminal ends on the entire mucous surface involved that amount of electric stimulation necessary to restore the normal condition, the thickened condition subsides, excessive secretion ceases, the voice is cleared up, and the bad cold is gone—passes off like a vapor."

J. A. Burnett, M. D.

Dean Spring, Ark.

EPILEPSY.

Editor Medical Summary:

It has been only in recent years that we have come to recognize the many and varied causative factors in epilepsy. The immediate cause of a paroxysm is usually ascribed to an explosive act in some one of the cerebral centers. The more remote and etiologic factors may almost be summed up by these far-reaching classes: Mechanical pressure, reflex irritation, heredity and psychic influences. Each case must be individualized for special study. Sometimes diligent search will reveal quite an obscure cause. Epilepsy may as a rule be cured if treatment is carried out judiciously and persistently. It must be instituted before permanent dilatation of the cerebral ventricles occurs. Many seemingly hopeless cases may be benefited. Do not promise any results short of six months or one year.

In beginning treatment it is first necessary to regulate the patient's diet. Cut out meat and coffee and confine the patient mainly to a fruit and cereal bill of fare. Keep the bowels open with calomel and salts. If there is a known reflex cause remove it. Among these we may name a tight prepuce, calculus, worms, head injuries, etc. The bromides come the nearest being a specific in those cases which medicine will cure. It should be given for an indefinite period of time. Peacock's bromides is one of the best preparations we have for continued treatment. It being a refined and accurate product the system is not disturbed by it as so often occurs when the commercial drug is administered. Every epileptic should be provided with the nitrate of amyl pearls. Venesection gives good results in many cases and deserves greater consideration by the profession.

W. T. Marrs, M. D.

Peoria Heights, Ill.

NOTES FROM PRACTICE.

Editor Medical Summary:

Several weeks ago three patients were placed in my charge who had been treated by other physicians. Two of these cases had been treated for several weeks, and the other for about a week before they came under my care. All three cases had been diagnosed as typhoid fever and treated as such. All were confined to a small room without proper ventilation, as no rules or instructions had been given by the attending physician in regard to this important matter.

The patients were a mother, her daughter and a young man. The mother was about 35 years of age; the daughter about 11. The fact of the matter was, however, that the young man did not have typhoid fever at all, but he had pneumonia; even his friends saw that much, and that was the principal reason why the attending physician was dismissed. The whole of the lower lobe of the left lung was consolidated; the typical blood-tinged expectoration, respiration, percussion, dullness, temperature and all evident pneumonia symptoms were present, and how it was possible for any individual claiming the title of a physician to make such a mistake in diagnosis is a puzzle to me. However, such were the facts. The mother had been sick the longest, with pretty high temperature, which had been left to take its own course without any effort being made at reducing same. The stools had not been disinfected—a very poor treatment for typhoid indeed.

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The pneumonia patient had been allowed but little food before he came under my care. He was now ordered to bed, placed on a good nourishing diet, and improvement in this case started in very soon and continued right along. A hot water bag was placed over affected lung and he was given guaiacol carbonate, gtts. ij to iij, in capsules, every three to four hours. Each patient was given an Epsom salt bath. The mother died in about four days after she was placed in my charge—her strength could not hold out, and heart failure came as a sequel of the fever. At this writing the daughter's temperature is normal and has been so for two days.

Since writing the article on "A Case of Chronic Myocarditis with Mitral Stenosis and Broken Compensation" some months ago, in which I used Dr. Hawley's Special Lymph with most excellent results, I have used it in two other cases with good effect in each case. One of these cases—rheumatoid arthritis of several years' duration—with involvement of the joints of both knees, ankles and wrists, the knee joints were partly ankylosed. This patient had tried many remedies before and had almost given up hope of ever receiving help. He had taken the salicylates and other rheumatic remedies all through last winter with but very little relief and was, in fact, now getting worse, so I resolved to try the Dr. Hawley Lymph in this case, along with hot air treatment daily. There was marked improvement after two or three weeks, and in a month after he was able to attend to work, such as he had not been able to do for over two years past. He is now able to attend to his work as before.

The third case was one of tuberculosis, elevated temperature, cough, night sweats and the other well-known symptoms of this great white scourge. This patient, after taking the Lymph above mentioned for a short time, gained in weight considerably and the fever and night sweats disappeared. Unfortunately, however, the patient failed to continue the treatment outlined on account of its expense, and, of course, there will probably be a relapse.

I do not pretend to say that this treatment is a specific in any disease, but that it will cure some cases where other well-known remedies fail. Its use is scientific, sensible and ethical.

S. D. Sour, M. D.

Virginia, Minn.

For scrofulous diarrhea, Dr. Roth recommends precipitated calcium phosphate gr. vii-xxx several times a day.

SUBACUTE CYSTITIS.

Editor Medical Summary.

After careful observation of a great many cases of the above named condition I am tempted to give my experience. These cases appear with great frequency during the fall months, which I attribute first to overindulgence in fruit and secondly to the overtaxing of the genito-urinary tract due to a lessed amount of waste excreted by the skin. Patients complain of discomfort, frequent urination, inability to hold urine for any length of time, and considerable tenesmus. The total daily amount voided does not vary much from normal, and in reaction ranges from alkaline to acid, more frequently the former or neutral in most of my cases. On standing a heavy cloud composed largely of mucus rarely becoming purulent may settle in the urine. I usually find the phosphates increased and decomposition seems rapid. In some females considerable pruritus vulvæ due to irritation may be present.

When the latter is markedly troublesome I use ung. zinc, oxidum, containing one per cent. of carbolic acid. In some cases that have become chronic and exhibit purulent conditions or a tenaceous mucus exudate with an atonic sluggish bladder wall, I wash the bladder daily with a pint of warm boric acid solution. But for the ordinary run of cases I have found something like the following gives me good results:

℞ Tinc. cantharides ..... ʒ ss
Fld. ext. conium..... ʒ iss
Fld. ext. triticum ..... q. s. ʒ iv
M. Sig.—One dram every three hours.

The cantharides stimulates the mucosa and the sphincter muscle. The conium relieves the tenesmus and seems to possess slight tonic effects on the genito urinary system. Triticum I consider one of our best demulcent diuretics, increasing the flow of urine and allaying irritation. In incontinence due to senility I add strychnine for its tonic effect.

J. J. Boynton, M. D.,
Instructor of Materia Medica, College of Physicians and Surgeons, Boson, Mass.
South Framingham, Mass.

POINTERS ON PAROTITIS.

Editor Medical Summary.

Aconitine for fever, fast pulse and headache, half a milligram every half hour till relieved, then enough to keep fever down.

If the digestive canal is clogged and the pa-

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tient bilious begin with emetine a centigram every hour till nausea occurs.

Always insure an empty bowel by beginning with calomel a centigram every half hour, six doses, then a generous dose of saline to flush.

If the elimination is scanty or the arterial tension high give veratrine half a milligram every hour till the stomach feels warm, then less often.

If the headache is severe and patient excited give gelseminine one-fourth milligram every hour till quiet or ptosis appears.

Whether pilocarpine a centigram hypodermically will abort an attack, should be settled by extended clinical trials.

A full hypodermic of pilocarpine a centigram, has succeeded in relieving metastasis to testicle and to ovaries.

The uses of pilocarpine should lead to trials of the closely allied muscarine, picrotoxin and eserine. Vast possibilities await discovery therein.

The glandular engorgement of parotid or testes may subside under phytolaccin a centigram every hour till nausea occurs.

Camphor liniment applied warm over the swelling is probably the best local measure and may be employed constantly.

While suppuration is rare it is well to keep the mouth aseptic with lotions and antiseptic lozenges, attending to the teeth as well.

The diagnosis of "mumps" by getting the patient to taste a pickle is a cruel and wholly unnecessary procedure, not devoid of peril.

Whether metastasis is due to "catching cold" or not, it is well to avoid the possible danger by restricting the patient to his room, kept warm.

If testicular metastasis causes sterility give mercury biniodide 3 milligrams, iodoform and phytolaccin each 3 centigrams, arsenic iodide 1 milligram, four times a day for three months, to wash away debris and free the channels.

W. F. WAUGH, M. D.

Chicago, Ill.

CURE FOR WHISKEY HABIT—GASTRALGIA.

Editor MEDICAL SUMMARY.

I send you the following, believing same to be serviceable in many cases, where indicated, and trust some of THE SUMMARY readers may see fit to give them a fair trial.

This medicine, if taken faithfully, will cause a man to fall out with his whisky. The trouble will perhaps be in getting him to take it:

℞ Apomorphine ..... gr. ij
Strychnine ..... gr. ss
Liq. pot. ars. ..... ʒ ss
Tr. cinchonidæ comp. ..... q. s. ʒ viij
M. Sig.—Teaspoonful every 3 hours.

GASTRALGIA.

The following is recommended by Shoemaker:

℞ Spts. chloroform .....ʒ iv
Spts. ætheris comp. .....ʒ vj
Tr. capsicum ..... ʒ j
Aqua dest. ..... q. s. ad. ʒ iij
M. Sig.—Teaspoonful in water every half-hour until relieved.

W. T. MARRS, M. D.

Peoria Heights, Ill.

THE TREATMENT OF CAPILLARY BRONCHITIS OF BRONCHO-PNEUMONIA.

Editor Medical Summary:

The treatment of this most serious disease of childhood, to be effective, must aim at breaking up or relieving the stasis in the affected lung, and can be most rapidly applied through the cutaneous surface at the same time as the internal remedies are administered.

The wet pack with mustard water, or the hot mustard bath, either continued until intense redness of the skin is produced, to be followed by a warm bath or pack for an hour or two, until free sweating, then a quick sponge of alcohol and water, equal parts, the patient then placed between dry blankets and left undisturbed for some hours is one means of causing cutaneous hyperemia. The warm bath gradually heated to 110 degrees F. may be used, the patient left in the bath (cold being applied to the entire scalp region) for half an hour, then immediately wrapped in sheets for two hours, the chest then rubbed with camphorated oil, warmed, and covered with gutta percha tissue.

These baths should not be repeated within twenty-four hours. Cold may be applied to the scalp and base of brain by means of the coil or ice water bags in cases with high temperature.

A modification of the above is the use of mustard and alcohol and water; of the latter equal parts. The patient is wrapped in a large flannel wrung out of this solution and then rolled in a blanket. When the skin is well reddened a pack of equal parts of alcohol and water is used, the patient left in for two or more hours and then in dry coverings. This has the added advantage of being safely used more than once daily.

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These baths not only relieve by the intense cutaneous hyperemia, but are a means of powerfully stimulating the heart and nervous system.

The medicinal treatment on rational lines holds out hope of rapid relief. The cutaneous hyperemia of the baths may be prolonged by the use of atropine sulph., gr. 1-500 every half-hour for four or six doses. Atropine dilates the capillaries of the skin, causing intense hyperemia. In infants it also dries or prevents secretion.

Where there is dyspnea, constant cough and tough mucus, apomorphine hydrochlorate, gr. 1-67, one granule every hour for a three-year-old child, one-third granule under one year, is of especial value. In urgent cases give every fifteen minutes until some relief, then at longer intervals.

Where there is fever, combine with aconitine amorphous; add brucine or strychnine to "take up the slack" and to counteract any depressent effect of apomorphine; codeine sulph. or hyoscyamine amorphous for relief of cough.

Apomorphine is an excellent expectorant, increases bronchial secretion, liquifies mucus, depletes the congested mucosa.

Brucine stimulates the nerve centers of respiration, increasing the contractility and irritability of the musculature of the bronchioles.

Hyoscyamine sedates the nervous system, checks cough and gives the little patient rest.

As a reconstructive, nuclein should be given at regular intervals in five to ten-drop doses on tongue.

To assist expectoration in later stages, the stimulant expectorant sanguinarine nitrate, gr. 1-67, a half to one granule every hour, is effective. It excites the respiratory secretion, increasing sensibility of the respiratory mucosa, so that the patient coughs harder until the secretion is removed.

Emetine may also be indicated if there is dry cough. It may be conveniently combined with the above.

If broncho-pneumonia follows any of the communicable diseases, as pertussis, calcium sulphide. gr. 1-6 every two hours, is an advantage. It is a systemic antiseptic, modifies the pulmonary secretion and attacks the specific cause.

The above mentioned remedies when rightly applied in indicated conditions remove the old dread we all feel when called to a case of this formidable disease.

R. J. SMITH, M. D.

Smithfield, Utah.

NOTES FROM GENERAL PRACTICE.

Editor Medical Summary:

A saturated solution of boric acid in alcohol 95 per cent., boiling as long as it will dissolve the acid, is a very fine stimulant to aid indolent ulcers; to be applied on cotton as hot as can be borne. It is also a very efficient application in suppurative otitis media; filling the ear full of the solution as hot as can be borne by patient; cleansing the ear previously with probe and absorbent cotton, to be repeated two or three times a day for a while, then less often. It checks suppuration and produces healthy granulations. In the meantime the patient should be saturated with calcium sulphide and syr. iodide of iron after having cleansed the alimentary canal thoroughly. The most satisfactory lubricant that I have used in the past eight years is lubra septic. The longer I practice the less calomel I use. I use instead the C. C. Tablet improved.

In internal hemorrhoids you will usually get very good results from the following: One dram of the fluid extract of hamamelis t. i. d., and an injection of the following:

℞ Fld. ext. hamamelis .....ʒ j
Fld. ext. ergot,
Fld. ext. hydrastis,
Tr. benzoin comp. ..... aa 3 ij
Acid. carbolic .....gtt x

M. Sig.—Inject one dram at a time just inside the sphincter. Cascara is as a rule indicated to control the constipation. In the meantime, if the sphincters are contracted, the first essential thing to do is to thoroughly divulse them under an anesthetic, at once or by degrees with the dilators, making the seances from three to five days apart.

In cases of sub-involution the internal treatment varies with the conditions present; however, as a rule, uterine tonic, with ergot and Blaud's pill with arsenic, strychnine and quinine forms a very good treatment, with local applications of ichthaldine twice a week. Tampons are saturated and placed well up against the cervix, followed on the following morning by copious hot vaginal douches. When the uterus has been pretty well depleted, I then order (Kennedy's) ext. pinus canadensis (white), one dram to the pint of hot water to be used as douche twice a week.

In catarrhal fever, the average case will do well under the following treatment:

℞ Aspirin ..... gr. j
Quin. sulph. ..... gr. j
Sodium bromid .....gr. ij
Syr. yerba santa aromat. ..... 5 ss

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M. Sig.—One dose to be repeated every four hours.

No. 2—

℞ Creosotal ..... 3 j
Elix. terpin hyd. with heroin..... ʒ j
Pwd. acacia ..... 3 ij
Elix. lactated pep. ..... q. s. ad. ʒ iv
M. Ft.—Emul.

Sig.—Teaspoonful every four hours. For child five years old.

I usually begin the treatment with the C. C. Tablets improved, if the child is old enough to swallow them; if not, calomel (small doses), salol, pwd. ipecac, bismuth subnit. and aromatic powders. To be repeated every hour till the *prima via* has been thoroughly cleansed. When there is much involvement of bronchial tubes I produce counter-irritation over lungs anteriorly and posterially with mustard, followed by antiphlogistine or cotton jacket. The mustard application should be repeated from two to three times in 24 hours. The room should be kept as near the same temperature as possible during the illness. Plenty of water and a light diet should be allowed. During convalescence a tonic of some kind should be ordered, and I prefer the hypophosphites comp. with essence of pepsine (Fairchild's).

When called to a case of obstetrics I never make an examination (digital) without having first cleansed my hands thoroughly with soap, nail brush and bichloride solution, 1 to 1000. I also make as few examinations as possible. After labor is over, the placenta delivered, I cleanse my patient thoroughly (I like the word thorough) with a 1 to 2000 bichloride solution, apply an aseptic napkin and abdominal binder, then I let my patient alone, with the exception of having her cleansed twice a day, morning and night, with the bichloride solution for four or five days. I have only had one case of puerperal infection in my practice in the past eight years.

Roy C. Black, M. D.
Cumby, Texas.

NURSING NOTES FROM THE BALKANS.

Editor Medical Summary.

Over the Roumanian towns, as in France, the "wet nurse" and the baby is a conspicuous feature of street life. Strangely enough, nowhere else in the Balkans does one meet this custom, for at Bucarest and the Roumanian cities alone, is there an attempt made to imitate, to the last degree, the life of the French capital.

At the annual agricultural exposition at Bucarest, held in the autumn, a display of the hospital corps is made which exceeds anything one might have imagined possible for a Balkan state of to-day.

The Balkans are undergoing a revival of hospital building. Bucarest has a handsome new structure of red brick and stone, and at Plevna, Bulgaria, where the great battle was fought, a large new hospital has been opened. Plevna, by the way, is probably the only town in the world possessing a monument to army doctors—this one being erected to the fallen Russian physicians of the great encounter.

Over Bulgaria the national government maintains hospitals to which the very sick of the villages and towns are committed.

In the south of Bulgaria, goiters are rather numerous, and a wayside ramble will exhibit interesting specimens. The horse-boys of this region are born nurses, and when, now and then, some comrade will be passed, in pain from this sickness or that, they will dismount and knead the stomach of the sick one as only the best American nurse might do—working with him after most approved modern fashions.

At Rila Monastery, in the far south of Bulgaria, where, it is supposed, Miss Stone was secreted, there is shown a hole in the floor of a stone watchtower, through which the insane were lowered into a dungeon in the days before hospitals in Turkey. If they persisted in violence, they were lowered through the floor of this chamber into a still deeper, inky pit, where they were chained to the walls until sober. Narrow stone steps and a low arched doorway gave access to the place. Even today the monks of Rila take in the sick of the countryside, caring for them as their guests.

Felix J. Koch, A. B.
1363 Myrtle Ave., Cincinnati, Ohio.

TREATMENT OF WOUND INFECTION.

Editor Medical Summary.

Wound infection with its attendant suppuration is easily prevented by the use of sulphate of zinc solution of 30 to 60 grains to the pint of water and used for cleansing the wound before, during and after operation. My invariable practice in office work is in line with the above and suppuration very rarely follows. In case of a suspicion of possible infection not thoroughly removed I have the dressings kept saturated for several days with a mixture of alcohol and water, one part to three. With this there is no suppuration, very slight inflammation, just enough to promote the healing, which is prompt.

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For wounds which have been neglected and which are infected and suppurating, after cleansing with the zinc solution above mentioned, I apply dressings which are kept saturated with the following combination, viz.: Alcohol and turpentine, each one ounce; olive oil, six ounces. To be well shaken before used. The antiseptic properties of the alcohol and turpentine and the soothing properties of the oil destroy the infection, allay the inflammation, the swelling is promptly alleviated, and the healing satisfactory. I am not familiar with any better treatment and doubt whether there is any.

S. L. KILMER, M. D.,
South Bend, Ind.

ALIMENTARY NOTES.

Editor MEDICAL SUMMARY.

We sometimes lose sight of the fact that it is of greater importance to the patient to put good food into his stomach than it is to put bad medicine into it. Drugs can perform only a certain function, such as arousing secretions, producing elimination, etc. A very few—e. g. quinine—have a little specific action.

It is a mistake to assume that any medicine can take the place of pabulum and feed the nerves and tissues. The nourishing of patients is therefore a most important matter. Too much food ingested and not thoroughly assimilated brings on autotoxemia and its manifold symptoms. A good part of the ills we meet come from a deranged alimentary canal, immediate or remote. Many bolt their food and swallow it pratically whole. Others can't chew by reason of bad teeth. Many eat too much. Others do not eat sufficiently to nourish the body properly.

In acute diseases, as simple fevers, abstinence from food for a few days, or at least hours, is conducive of good results. It gives a chance for effete products to be eliminated from the system. This starvation plan does not work well in prolonged fevers, for the patient may be reduced to such a state of inanition as to render recovery impossible.

Beef tea is somewhat stimulating, but will not sustain life. Many persons have been starved to death upon it. Cocoa has a food value often overlooked.

Nearly any patient, either child or adult, can take milk if properly modified. It should not be forgotten that buttermilk is the best all-round food we have. The lactic acid it contains makes it easily digested.

Some of the prepared foods are very valuable adjuncts. During convalescence from typhoid fever and other low conditions Eskay's albumenized food acts very nicely when prepared according to directions. It agrees with the most delicate stomach.

A raw egg with salt and pepper is retained by the most delicate food receptacle. It will go down easy after the first two or three efforts.

Apples are seldom contra-indicted. In typhoid, roast them for your patients. Give orange juice ad libitum. Roast bananas agree with everybody.

Give your patients a variety of foods. Nourish them and they will get well. Patients will think you are a real cyclopedia of astuteness when you approve and taboo their eatables. But the patient's welfare should surpass all else. The remark that a "sick person craves the very thing he shouldn't have," is a misnomer. Nature knows her own business. She (?) is the best doctor after all.

Too much medicine-taking often impairs the appetite and digestion. Drugs that ordinarily increase the appetite often act by revulsion. For example, Fowler's solution, while tasteless, may make the patient nauseous and colicky if he happens to have an idiosyncrasy for it.

W. V. MARRS, M. D.
Peoria Heights, Ill.

GENERAL TREATMENT IN BURNS.

Dr. George P. Dale, in the New York *Medical Journal*, concludes an interesting article on the treatment of burns as follows:

In the early stages stimulation by the use of strychnine, 1-30 or 1-60 grain every three or four hours, may be given, depending upon the amount of shock, and hypodermically if needed. At all time attention must be given to regular action of the bowels and kidneys. Frequent examinations of the urine should be made to be on the lookout for kidney congestion. The food should be simple, but nourishing, usually given in small quantities, often repeated, especially in the early stages. Later general tonics, containing from one to three grains of iron to the dose, are indicated, a good form being some solution or syrup of the hypophosphites.

FOR ACUTE COLIC.

℞ Chloroform 3iss
Tr, opii deodorat. 3j
Camphor ..... gr. xv
Ol. cajaput 3j
Aqua .....q. s. ad. 3ij
M. Sig.—Teaspoonful every hour or two.

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New Publications

We can supply any Medical book noticed in these pages or issued by any Publisher, on receipt of the publisher's price.

A TREATISE ON THE MOTOR APPARATUS OF THE EYES. Embracing an Exposition of the Anomalies of the Ocular Adjustments and Their Treatment, with the Anatomy and Physiology of the Muscles and Their Accessories. By George T. Stevens, M. D., Ph. D. Illustrated with 184 engravings, some in colors. 496 pages, royal octavo. Bound in extra cloth, beveled edges. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia. 1906. Price, $4.50 net.

Dr. Stevens is known as one of the most original thinkers and foremost investigators in the profession, and the present volume is a sequel to that on "Functional Nervous Diseases," by the same author, published in 1884, and ever since that time he has been busily engaged in collecting data and making investigations which are now incorporated in the present work, which, to say the least, presents the principles which govern the physiological actions and anomalous disturbances of the motor apparatus of the eyes, in systematic, convenient and usable form, for the general practitioner, neurologist and oculist.

Commencing with the comparative anatomy of the motile apparatus as it is found in the lower animal classes, and passing to the anatomy of the muscular, vascular and nervous apparatus engaged in the movements of human eyes, he advances from the physiology of adjustments to the subject of perspective and to the psychology of sight, and at length to the classes of anomalies as they arise from variations from normal types. From his unequaled experience he has evolved a rational and philosophic system of treatment.

Every page is replete with important truths, a considerable proportion of which appear here for the first time, all of which are stated with clearness, and many of which are presented in a form quite unique in medical literature. The work is the most comprehensive as well as the *most original* of any which have appeared on this subject.

The book is finely illustrated, some of the illustrations appear in colors, and mostly from the author's own drawings, therefore nearly all original.

The work would seem a necessity to the oculist and neurologist, while the physiologists and psychologists, and, in fact, to physicians in all branches of practice it will prove of value and interest.

SIMPLIFIED COURSE OF INSTRUCTION ON REFRACTION. By R. S. Piper, M. D. Published by the author, Bloomington, Ill. 1906. Price, $5.00.

This consists of four neatly-printed, paper-covered pamphlets, each containing from seventeen to twenty-seven pages. The course is divided into ten lessons; each book containing a list of questions by which the practitioner may examine himself on what he has read. It is claimed by the author that methods presented will enable any practitioner to fit glasses properly at once without apparatus, by simply studying this course, and that it has all the advantages of a correspondence course with none of its disadvantages. The author says that no attempt has been made to write a classical work, but that he has endeavored to make the subject clear and comprehensible to the student, so as to enable him to fit glasses accurately as well as scientifically.

THE DISEASES OF INFANCY AND CHILDHOOD. By Emmett Holt, A. M., M. D., Professor of Diseases of Children in the College of Physicians and Surgeons (Columbia University); Consulting Physician to the New York Infant Asylum, and to the Hospital for Ruptured and Crippled. Third revised edition, with two hundred and twenty-five illustrations, including nine colored plates. D. Appleton & Company, publishers, 436 Fifth avenue, New York. 1906. Price, cloth, $6.00, net.

The first edition of this very admirable work received the highest possible indorsement from the medical press of the country, and it was rapidly adopted as a text-book by most of the medical schools throughout the land. The third edition has recently been issued from the Appleton Press, which itself is an indorsement of almost perfection in the mechanical part of the making of any book, and the present work is no exception to the rule. Rare hospital and pathalogical experience, with an extensive private practice, has equipped the author better for the satisfactory performance of the task before him than most of those who write works on pediatrics. This book is of such general merit that it is difficult to select any part more worthy of commendation than another. Suffice it to say that this is a work complete in every detail, and that by its care-

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ful perusal and following its teachings the practitioner will be vastly aided in the practice of diseases of infancy and childhood; there is nothing speculative about it; it is all practical, in every sense of the word.

Several new or entirely rewritten chapters appear in this edition, and twenty-five new illustrations have been added. The principal changes from the second edition have been made in the articles on the Examination of the Sick Child, Hypertrophic Stenosis of the Pylorus, Diarrheal Diseases and Dysentery, Vaginitis, Cerebro-Spinal Meningitis, Mental Defects, Chondro-Dystrophy, Status Lymphaticus and Diphtheria. Some of these articles appear for the first time in this edition.

RETINOSCOPY (or shadow test) IN THE DETERMINATION OF REFRACTION AT ONE METER DISTANCE, WITH THE PLANE MIRROR. By James Thorington, A .M., M. D., author of "Refraction, and How to Refract," "The Ophthalmoscope and How to Use It," Professor of Diseases of the Eye in the Philadelphia Polyclinic, etc., etc. Fifth Edition, revised and enlarged. Fifty-four illustrations, ten of which are colored. P. Blakiston's Son & Co., Publishers, Philadelphia, 1907. Price, cloth, $1.00.

This little book is an abstract of the author's previous writings and lectures on Retinoscopy, delivered on Ophthalmology, Philadelphia Polyclinic, and while intended for college students and post-graduates, the material presented is such that the ophthalmologist anywhere may acquire a working knowledge of the method, by study and practice in his office.

This little book has been very favorably received not only in this country, but also abroad, and in the present edition, every page has been very carefully revised, and new instruments, including the electric retinoscope, illustrations and descriptions have been incorporated in order to bring the work up to date.

A TEXT-BOOK OF QUANTITATIVE CHEMICAL ANALYSIS, by Gravimetric, Electrolytic, Volumetric and Gasometric Methods, with seventy-two laboratory exercises, giving the analysis of pure salts, alloys, minerals and technical products. By J. C. Olsen, A. M., Ph. D., Professor of Analytical Chemistry in the Polytechnic Institute of Brooklyn; formerly Fellow of the Johns Hopkins University. Second edition. Revised. D. Van Nostrand Company, Publishers, 23 Murray and 27 Warren streets, New York. 1905. Price, cloth, $4.00, net.

To anyone who wishes to enter into the practical study of Qualitative analysis, this textbook will prove of more effective assistance than any other issued to our knowledge.

The study is taken up in the most thorough and systematic manner and the processes involved are unfolded so skilfully, plainly and progressively that proficiency in this department of chemical science can be acquired quickly and readily by all who are versed in the necessary fundamental principles of chemistry, such as are taught in all schools of medicine.

The most recent and direct methods are taught and all immature, circuitous, controverted and obsolete methods are avoided or discarded, and only those are used that are in accord with the author's large experience as a teacher and practical chemist.

The title-page indicates the comprehensive character of the subjects treated. They are all fully and clearly explained and cuts are used whenever they are needed to elucidate the text. This is a work that we take great pleasure in endorsing and recommending to all physicians and students of chemistry.

FOR RHUS POISONING; AMENORRHEA; SUPPRESSION OF LOCHIA, ETC.

Editor MEDICAL SUMMARY.

The following have been thoroughly tested, and have given general satisfaction, sufficiently so as to induce me to send them to THE SUMMARY for publication.

SPECIFIC FOR RHUS POISONING.

The following is claimed by Dr. Daniel as a positive specific for rhus poisoning:

℞ Quinine ....3 ij
Aqua ..... q. s. ℥ vj

Sig.—Apply over the parts.

A REMEDY FOR AMENORRHEA.

Most cases of amenorrhea will yield to the following:

℞ Fld. ext. leonurus cardiaca,
Fld. ext. dioscorea villosa,
Fld. ext. cimicifuga .....aa ʒ iv

M. Sig.—Ten to twenty drops in one-fourth teacup of hot water every three or four hours.

A GOOD REMEDY FOR SUPPRESSION OF LOCHIA.

The following is a valuable compound for suppression of lochia:

℞ Fld. ext. leonurus cordiaca,
Fld. ext. asclepias tuberosa ..... aa ℥ ss
Fld ext. zingiber,
Fld ext. cypripedium .....aa ʒ ij

M. Sig.—Twenty to thirty drops in one-fourth teacup of hot water every two hours for two or three doses, then every three hours as long as needed.

J. A. BURNETT, M. D.

Dean Spring, Ark.

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Summary Gleanings.

In case of hyperpyrevia give a colonic flushing.

Boracic acid is one of our best remedies in cystitis.

Nourish your typhoid fever patients. Many die simply of starvation.

Tincture of iron applied once daily is an effective remedy for sore nipples.

If you are not already one of OUR FOLKS, join us now, please. THE SUMMARY wants you.

Full doses of dulcamara disintegrate the red corpuscles; which does not follow full doses of solanine, its useful alkaloid.

A few drops of oil of peppermint and a little oil goes tolerably well. Don't get in too much peppermint oil or it will produce gastric irritation.

Many of our gastralgia patients would fare better if on first visit we gave an emetic instead of the usual hypodermic of morphine.

To relax a rigid cs after the sitz bath and other measures have failed give two or three capsules of powdered ipecac. —

When rusty sputum is present, the diagnosis of pneumonia may be made in safety, even if but slight attention is given other phenomena.

Out of all the chaos of stuff you read about pneumonia, don't forget that the keynote to success is elimination, aside from nourishing the patient and making him comfortable.

If you like this number of THE SUMMARY please call the attention of some medical friend to the fact. We are striving hard to produce a good, serviceable journal and will endeavor to make it better all the time.

Guy L. Hunter says that in his experience leucorrhea is more often due to cervical inflammation than to endometritis; the latter condition being comparatively rare, while the former is more common.

There are strong claims of late in favor of hydrogen perioxide as an agent in membranous croup. It is given in half-teaspoonful doses with an equal amount of glycerin every two hours, day and night.

Le Blonde treats chronic catarrh of the vagina by the use of electricity. He introduces into the vagina the positive pole wrapped in a solution of the chloride of sodium.

The high price of hydrastis is stimulating the use of berberis aquifolium; which also contains berberine largely.

Berberis, useful in pustulosæ, is not alterative, but astringent to the relaxed connective tissues through the berberine it contains.

If dulcamara is useful in syphilis it is through some absorption stimulant and not by reason of the solanine present.

Legrande reported many cases of primary syphilis cured by gold, and especially the inveterate cases.—Blair, *Medical Council.*

In gallstone dioscorea is a far better anodyne than morphine; sodas are very beneficial.—Dr. Trusler, *Jour. Kas. Med. Soc.*

Apomorphine is indicated in all cases where the cough is dry and harsh or where the sputum is viscid and tough.—Dr. Smith, *Pac. Med. Jour.*

There is a difference between specifics for disease and specifics for conditions. It is the narrow empiric that is unworthy.—Landers, *So. Clinic.*

Even in the application of therapeutics on most profoundly scientific bases empiricism has played no small part.—Dr. Landers, *So. Clinic.*

Dr. Voerner recommends potassium permanganate locally as a hemostatic of exceptional potency, solution, powder or salve.

Ceranin is invaluable in any form of hemorrhage, and is also useful for contusions.—*Chicago Medical Times.*

Here is a good wrinkle cream: Oil sweet almonds, 3 oz.; tinct. benzoin, 2 drops; oil cocoa, 1 oz.; lanoline, 1 oz.

Tartar emetic in 1-20 grain doses every hour or so is a good remedy for bronchitis in children when there is loose mucus in the tubes.

When the circulation is overwrought and unbalanced to give veratrine or aconitine frequently to sedation may be empiricism, but is it not very close to rational?—Dr. Landers, *So. Clinic.*

For many years the Business Chance Column in THE SUMMARY has been very popular with its readers, and with advertisers. Have you noticed this? And do you read these small advertisements every month? If not, do so after this, and you will soon discover that you have missed some good things in the past.

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DECEMBER, 1906

THE MEDICAL SUMMARY

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.
Vol. XXVIII
R. H. ANDREWS, M.D., Editor & Proprietor
2321 PARK AVE., PHILADELPHIA, PA.
No. 10
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Office of the Secretary
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A MONTHLY JOURNAL OF

PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

R. H. ANDREWS, M. D., Editor, 2321 Park Avenue, Philadelphia, Pa.

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MATERNAL IMPRESSIONS.

The late text-books on obstetrics do not mention maternal impressions as affecting the child, as did the authors a few years ago. Many coincidences have occurred to rather strengthen the beliefs of the credulous in this matter. For example, when a case of spina bifida or occipital non-development occurs the woman recalls that she dressed a carbuncle for some member of the family. Or if a scald occurs and a babe is born with pemphigus the first fact is put down as incontrovertible evidence. The woman can influence her unborn child only according to her state of nutrition, leaving out of controversy the matter of heredity. Her relation to the child is that of contiguity rather than continuity. It absorbs her blood by osmosis. It is not, properly speaking, a part of herself. It is a distinct entity. It is quite as impossible for her to influence the child as it is for the hen to influence the eggs she sits upon. Those crooked legs were perhaps well on their way toward development when the expectant mother got scared at a frog or some other "varmint." Yes, the woman's fears are often verified to the minutest detail. It is just the ugly thing she expected. So do dreams come true sometimes. If these things didn't happen once in a while people would quit looking for them. Until we know that telepathy and thought transference is a sure enough thing we can hardly believe that the nervous nightmares of the mother can be impinged upon the physical being of her unborn child.

THE ABUSE OF QUININE.

The average layman thinks of quinine the moment he feels a symptom of grip, cold or other minor ailment. Quinine is a most valuable remedy, but, like acetanilid and other drugs which the laity purchase and use, is often greatly abused. Quinine is positively contraindicated in many cases where it is taken. A few grains of quinine will in many persons produce severe urticaria in which the patient will nearly choke to death. What would it do for these people if they were

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prostrate with pneumonia? Quinine accounts for much of the deafness and eustachian catarrh we daily meet. It causes, in full doses, a decided hyperemia of the cranial organs. A few cases of permanent deafness due to cinchonism are on record. Temporary blindness has followed overdoses. Given in large doses it blunts the secretions and destroys the appetite. Its anti-malarial effect is not due to a chemical toxity exerted upon the *plasmodium*, but rather to a general vasomotor shaking-up which offsets the paroxysm. Whisky, strychnine and other drugs do the same, but not with the precision with which quinine does it. Cinchona derivatives are excellent therapeutic agents, but should not be considered a cure-all or indiscriminately used.

WHERE SHALL WE SEND CONSUMPTIVES?

Colorado? Florida? The Pacific Coast? or the torrid southwest? The reports of sanitariums where so many hopeless cases recover, and where those not so far advanced in the disease get fat in a few weeks sound alluring, but should be taken *cum grano salis*. We should be very slow in advising the consumptive in indigent circumstances to go anywhere far away from his home. The only difference in air is its warmth and humidity, or the reverse of these. We never can tell where a consumptive will fare the best. We so often overlook one thing: The change of location is likely to improve the patient more by the hope which it inspires and by his attention being diverted from his own suffering. While consumptives apparently do not seem to worry excessively, yet we know that they improve better when the mind is pleasantly and optimistically employed. The money used to send a patient to any of the places lauded as the ideal spot for consumptives and to keep him comfortably after he arrives there would fit him out pretty well at home. It would buy him the best of everything to eat, provide him with everything that goes to make life to him the most comfortable. All these things he has to pay for dearly if he goes to seeking health in a distant country. By the way, the consumptive resorts always seem to be far away. It is another case of the hills looking green when afar off. As a matter of fact the railroads, hotel proprietors and crafty medical men work together in exploiting this business, and that is why in certain localities we find these sanitariums and resorts as thick as English sparrows. Suppose it is anywhere in the torrid southwest where the blazing sun beams down day in and day out with never the minutest cloud to fleck the azure sky. The sandstorms are something fierce and the water is not fit to drink. Germs can't live there, neither can the tenderfoot consumptive very long. The health-seeking invalid sees suffering, expectoration and dying on every side. Perhaps the gentleman who occupied the room before him had just gone to join the pale-sheeted nation. Who could improve under these conditions? Away from everyone who loves or cares for him. No kind-hearted friends to call upon him. Every little comfort and convenience must be well paid for, for he is dealing with people who believe in "the law of compensation." The wail of disappointed invalids greet him on every side. They wonder why they do not improve. They are often a standing-joke among the sharks who are fleecing them of their money. There is a sort of caste among patients, depending upon the amount of cash they possess. Some have plain "consumption." others have "tuberculosis," others have only "lung trouble," while a good many have "bronchitis," "neurasthenia," "stomach trouble," etc. In some places the sanitariums grade their patients according to degree. One they call the "B. L. B."—Busted Lung Brigade. No subject is too grim for jest. The consumptive is perhaps easier divorced from his money than any other class of patients. He is therefore preyed upon more than any other.

This is the other side—not a pretty picture, true. It may be that we have shown up the matter in its worst phase. At any rate, there is a moral we wish to emphasize. Physicians should not load their patients up and ship them off to chase the will-o'-the wisp of health in a country they know nothing about themselves.

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THE RATIONALE IN PNEUMONIA THERAPEUTICS.

The editorial tripod should on important topics only reflect the opinions of good observers rather than voice an individual experience or belief. The majority are not always on the side of the greatest wisdom and truth, but it is only upon the concensus of ideas that we can base data having the semblance of authority.

The types of pneumonia are so varied and different, depending upon age, temperament, environment, that no broad-minded physician can formulate a treatment that will fit all cases. The man who "never loses a case" with some stereotyped treatment is not the one you or I would want to treat us if we had pneumonia ourselves.

Upon one thing all doctors are agreed: The patient should be made comfortable and his environment cheerful and hopeful. Nearly all are agreed upon the efficacy of the mustard plaster in the incipient stage. Light warm applications are nearly always employed. The glycerin pastes are not quite so popular as they were. Moist, heavy, sloppy poultices should never be tolerated. Cotton-wool applications answer well in most cases. Many good physicians use counter irritation by cantharidal paste and get good results. It is often used in the first stage; also about the time of convalescence where resolution is delayed. Many physicians condemn the blister. Some try it as a dernier resort in desperate cases and afterward continue to use it.

Physicians are also pretty well agreed that elimination is the keynote to successful treatment. Every gland, secretion and emunctory should be coaxed to do its whole duty. The majority of doctors give calomel and salts, as it is pretty generally conceded that calomel acts upon more secretions than any other drug.

Aconite, or its alkaloid, aconitine, seems to be the choice of nearly all as a vasomotor sedative and therapeutic lance. Every physician should familiarize himself with this drug. Digitalis, or digitalin, acts similar to aconite in many ways, particularly in slowing and regulating the heart's action. Given judiciously together they give excellent antipyretic results. Strychnine was given as a routine a year or so ago to sustain the heart. While it is an ideal remedy when specially indicated, its indiscriminate use may be a goad instead of a lift to the heart. The same may be said of alcohol. Quinine in appalling doses—100 grains!—has a few advocates as an abortive remedy. Cough syrups are seldom conservative. Sanguinaria has many advocates for tight mucus, particularly in old people. Emetin or any other relaxant would probably do as well. Formerly it was thought that carbonate of ammonia, through its effect upon the blood, exerted a liquefying action upon the mucus secretions. A great many country doctors continue to give Dover powder. If a sedative is indicated perhaps it will answer most indications. Few physicians give acetanilid unless it be at the very onset. Quinine is no longer a routine drug with many physicians. Aqua ammonia about the patient will aid his breathing. Occasionally a dose or two of morphine, heroin or hyoscine may be needed to meet special symptoms. Transfusion may be performed, but seldom availeth anything.

LITTLE SUMMARIES.

When in doubt, keep your mouth shut.

It may be a lonesome job, being good, but it beats being in jail all hollow.

Guard your prognosis. It is rather embarrassing to see one of your incipient typhoid patients out at work the next day.

When some men can't do anything else to attract attention they shave off their mustaches.

Doctors, like women, are jealous of one another because they are governed by ethics. They have to wait for the things they want instead of going after them.

Be studious. It is all right to be a good mixer, but that condition is a twenty-third cousin to being a loafer.

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Did you ever know as mean and contemptible a sneak as that competitor of yours is?

An old bachelor was mean enough to remark that unmarried men ought to be taxed. He thought the privileges of celibacy worth something.

"Dr. Blank is the best doctor in the county if he would only let whisky alone," causes many a young M. D. to want to emulate Doc Blank. Don't do it. Bibulous habits may get you practice for a while, but in ten years from now you are likely to be an old soak.

Now is the time to subscribe for your winter's reading matter. Several medical journals and lay magazines should grace the doctor's library table. Of all men the doctor should be well informed on all subjects.

An unmarried male acquaintance said he never allowed himself to fall in love because he once boarded in a family where there was a kid with the three months' colic.

Lay people don't need to read medical literature, but there's nothing wrong about the doctor's wife reading medical journals. Take a few of the best ones home to her occasionally. Bet she'll read every word of this SUMMARY through if she gets a chance.

Educate your patients to call you before you retire. Much of the night practice is unnecessary. It may be an advertisement for you to be tearing around a good deal at night, but you'll get old some day.

"My thoughts on awful subjects dwell,
Damnation and the dead."

That is the way an old hymn starts out, which prompts us to believe many of the old hymn-writers were victims of chronic dyspepsia.

The SUMMARY wants to be helpful to the doctor in every way. We want you to be practical, honest, sober, industrious and studious. We want this journal to entertain you as well as provide you with medical pabulum.

By the way, why doesn't some genius teach courting and love-making by mail? It would save time, labor, fuel, oil, lovers' quarrels and estrangements. Yes, a correspondence school or a syndicate is the very thing to straighten the crooked course of true love.

To know what to do in incipient tuberculosis with its complex picture of progressive loss of strength, anorexia, constant sense of fatigue, rapid pulse, elevation of the temperature, night sweats, and more or less bronchial irritation, is a problem that often severely tries every physician's resources.

The busy doctor should have a few harmless fads and diversions. They are a necessity. It may be music, flowers, poetry, dogs, homing pigeons, mushrooms, fishing, various sports, etc. There is a great demand for ginseng nowadays. Doctors in the country might find it a profitable pastime to raise a patch of this plant. If there is a considerable demand for the information we shall later tell our readers more about it.

How the authorities (?) push us around from pillar to post! A few years ago curettment had to be performed after every abortion and after most cases of labor. Now they tell us curetting is a dangerous procedure. Perhaps they'll inform us yet that appendix-shearing is a little shaky.

We should be glad to have our readers report some of their mistakes. We admire the honesty of the man who is willing to confess that he was twenty-three kinds of a fool rolled into one. He has learned something from his mistakes and will shy around them next time.

Correspondence schools nowadays are willing, if not original and up-to-date. An enterprising fellow at Peoria, Ill., advertises in the best magazines to teach ventriloquism by mail. Just how a fellow can throw his voice by mail we don't exactly understand. Still we would have been considered crazy fifty years ago if we had suggested the possibility of talking through a piece of wire.

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Original Communications.

BRIEF and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases are solicited from the profession for this department.

Articles intended for the Summary must be contributed to it exclusively. The editor is not responsible for the views of contributors. Write plainly and only on one side of the paper

SEPTIC INFECTIONS ABOUT THE RECTUM.

BY CHARLES J. DRUECK, M. D.,

Professor of Clinical Surgery at National Medical University, Surgeon to Lakeside, Columbia and People's Hospitals, Chicago, Ill.

In presenting this paper, it is my desire to set clearly in your minds the clinical pathology and the principles of treatment of these collections when involving different pelvic structures, and to suggest, not only what should be attempted, but also what should not be done. The subject includes every collection of pus, from a furuncle at the anal margin to the serious, diffuse, pelvic phlegmon which involves not only the rectum, but any and perhaps all other pelvic and even abdominal organs. The exact origin of the infection cannot always be demonstrated, nor can it be referred to the rectum in every case. The treatment likewise varies so much that each form must be considered separately.

The rectum is surrounded with loose areolar tissue which is abundantly supplied with blood vessels and lymphatics, and which is easily and frequently infected or inflamed by extension from the rectum and anus, or by obstruction to the circulation. There is a continual variation of blood pressure in these tissues depending upon the condition of the bladder and rectum, whether full or empty, and even on the position of the abdominal organs. These alterations have a marked effect on the development of infection. The rectum is at all times the habitat of hordes of infectious micro-organisms, and the process of osmosis from the rectum certainly absorbs their toxins and doubtless at times the germs themselves pass through the rectal wall by way of the lymphatics. The inflammatory reaction caused by these infections may be diffuse or circumscribed, and usually go on to abscess formation.

Perirectal abscess may be due to any one or more of several mircro-organisms, the most common of which is the tubercle bacillus. Koch says that tubercle bacilli are never found in the rectum, except when tubercular ulceration of the bowel exists, but Von Jaksch has demonstrated their presence in the stools of patients who did not have tuberculosis of the bowel. Smmons (quoted by Tuttle) has shown that the gastric juice while it prevents the growth and development of tubercle bacilli, does not kill them and that when they pass into the alkaline intestinal juice they are still vital, showing that the bacilli may pass through the intestinal canal and affect the lower bowel or rectum without having gained a foothold in the intestine proper. Perianal and perirectal tubercular abscesses are frequently found as the first evidence of infection when the patient does not show either then or later any pulmonary disease. To be sure, the infected discharges enter the alimentary canal very easily from tuberculosis of the nose, throat or respiratory tract. It is also possible that patients may be infected by rectal tips, bougies and intsruments that have been used on tubercular subjects.

The bacillus coli is the next germ in point of frequency found in perirectal infections, and seems to have an amoeboid power as soon as any injury to the epithelial layer of the mucous membrane permits it to escape from the intestine. Vaughn has carried out some interesting studies as to why this migration of the colon bacillus is not always followed by abscess formation. He states that each bacillus contains a capsule which contains the toxic principle and that this capsule is not dissolved or destroyed by the alkaline fluids of the intestine, but is broken by gastric fluids, thus setting free the toxins. He further considers it possible that the blood serum also has this property. When the bacillus enters an area with engorged capillaries, the capsule is ruptured and the toxins set free. Colon bacilli are occasionally found in pure culture in these abscesses, but are more frequently associated with staphlococci, streptococci or tubercle bacilli.

Naturally there must be a solution of continuity somewhere in the mucous membrane of the rectum or on the skin of the anus, admitting the infection to the deeper cellular tissues. The point of entrance, together with the nature and depths of the wounds determine somewhat the location of the abscess,

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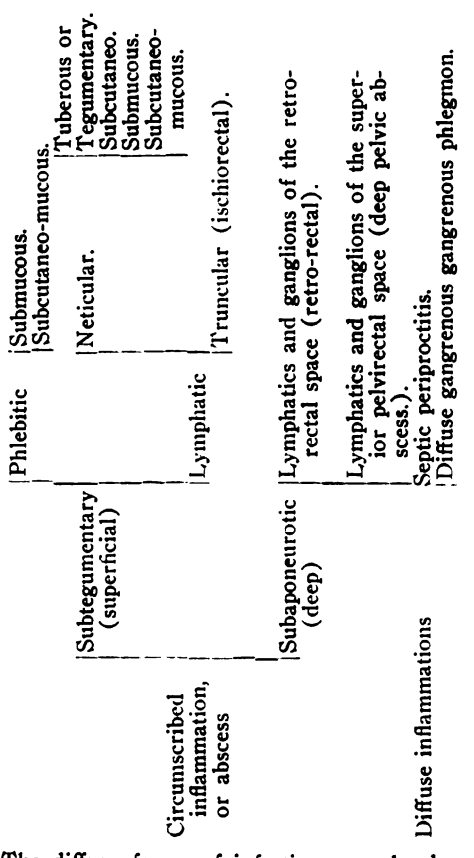
but the condition of the local lymphatic and capillary circulation, and the variety of the invading micro-organisms is the chief factor. The classification of perianal and perirectal abscess by Quenu and Hartman is the most concise and complete, and is as follows:



The diffuse forms of infection may develop as extensions of the superficial subaponeurotic abscesses are above the levator ani muscle.

There are three distinct systems of lymphatic about the rectum and anus and a study of these will give us some idea as to the direction the infection is likely to travel. Those lymphatics in the skin about the anus, called the middle hemorrhoidal lymphatics, travel along the perineum toward the inguinal glands or else back behind the sacrum. The deeper lymphatics pass through the ischiorectal space to the hypogastric ganglia and are called the superior hemorrhoidal system. It connects with vessels supplying the gluteal tissues through the ischiatic notch and obturator foramen. Those lymphatics around the deep rectum pass to the sacral and vertebral lyphatics.

Infectious toxins gathered up by any of these systems may be followed along the chain. When the glands retain the poison and become inflamed, passage is blocked along that particular chain, but as the networks anastomose freely, not only with other branches of the same systems, but also with deeper systems, the infection may thus be carried along other channels. In this manner two or more distinct abscesses may develop. This intimate relationship of the various lymphatics explains the occasional development of abscesses quite distant from the rectum, but following a very simple local infection. Tuttle, speaking of this, calls attention to the fact that injuries of the anal canal may be followed by abscess of the ischiorectal fossa or in the cutaneous tissues of the buttock, while injuries deep in the rectum are likely to be followed by abscess in the retro-rectal space, or deep in the thigh.

Marginal Abscess.—Marginal abscesses arise at the anal margin, and involve only the superficial tissues of the skin and mucous membrane. The infection may occur through a hair follicle or Luberkuhn gland, resulting simply in a furuncle, or by abrasions from coarse clothes, scratching, horseback or bicycle riding, irritating toilet paper or discharges, either menstrual or diarrheal. These infections may vary in size from a little acne point to a pocket as large as a hazel nut. The lymphatics may carry the infection from this simple focus to other tissues and a large area be involved, but the toxin is always carried in the superficial channels and never invades the ischiorectal fossa or other deep tissues. This is a true follicular abscess and the symptoms correspond with those of follicular abscess anywhere; a tingling, burning pain is followed by a swelling, which finally ruptures, when pus and sometimes necrotic tissue (core) escapes. Rarely such an abscess is deep-seated. The symptoms then are more severe and the whole picture resembles a carbuncle. Such a termination fortunately is unusual. These furuncles may be single or multiple and at times come in almost continuous crops until they make life a torment. Usually they do not invade the rectum and, therefore, do not interfere with defecation, but the patient cannot sit or walk, and must take to his bed. Eczema, erythema and herpes all may be etiological factors in these abscesses. Thrombotic hemorrhoids and other blood clots being near the skin, put the skin or mucous membrane on considerable tension and rupture the base of the glands or follicles, thus opening the skin. Also any pyogenic organisms circulating in the blood are likely to be deposited on this broken vessel and clot. There is usually some

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temperature, but no systemic complications. Although this region is so richly supplied with lymphatics, both superficial and deep, the walls of the follicle prevent invasion of the deeper tissues and the abscess ruptures upon the surface of the skin or mucous membrane and heals without fistula, although in weak or tubercular subjects a sinus sometimes occurs.

Treatment.—The treatment of marginal ab-abscess vary. It may develop without any sysform in that incision and drainage is frequently followed by untoward complications. In a few instances where the patient has learned by experience the course these infections run, he may apply early for treatment, and if he is seen before suppuration has actually developed, the colon should be thoroughly flushed out, the bowel constipated with opium, and he be kept in bed on a restricted absorbable diet, and with ice bags at the anus. The area of local inflammation for three or four inches around should be painted with pure ichthyol two or three times daily. Succeeding applications should be put on without washing off what is left of the ichthyol. Very good results have been claimed by injecting 95 per cent. carbolic acid or a strong salicylic acid solution directly into the follicle, if the case is seen early. Where there is a tendency to recurrent crops, Hartman (Tuttle) recommends a 10 per cent. salicylic acid in glycerin to be applied by the patient whenever he notices any pain or soreness. The importance of local cleanliness must be impressed upon the patient, and after each defecation the parts should be bathed with a mild antiseptic solution. The only time these purely skin abscesses should be incised is when a collection of pus may be evacuated by a simple puncture with a bistoury and the cavity filled with ichthyol. Deeper and wider incision is prone to open the subcutaneous tissue to infection where nature has walled them off. The X-ray seems to promise a great deal for those cases of continually recurrent crops of furuncles, but what I have seen is as yet so recent that it does not justify an enthusiastic report. However, at a near future time, I expect to report my results.

Subtegumentary or Perineal Abscess.—Abscess beneath the perineal skin or beneath the mucous membrane of the rectum are common complications of these parts. They are practically always secondary to some other disturbances and result from infection of the lymphatics, although the abrasion of the skin or mucous membrane cannot always be found. The infection in being carried off results in either a breaking down of the gland or thrombosis of the lymph canal and thus circumscribes the abscess. These abscesses occur most frequently in hearty, robust men, seldom in women or old people and most never in children, except the tubercular abscesses which occur very frequently in little ones four to six years old. Cutaneous hemorrhoids (the remains of former thrombi) are always liable to recurrent inflammation and infection. The injection of hemorrhoids with carbolic acid is quite frequently followed by this form of abscess. Quenu considers these abscesses a lymphangitis, the result of infection carried by these vessels from the rectum. The inflammation is diffuse, and lies beneath the skin and constitutes a sub-cutaneo-mucous abscess, or if within the rectum, a sub-mucous abscess.

Symptoms.—The symptoms of this form of abscess vary. It may develop without any systemic involvement, no chill and very little fever or pain. The abscess opens early and exudes a thin, watery pus. Examination shows a small ulcerated opening on the skin, or through the mucous membrane into the rectum. The tissues are undermined with a soft, boggy mass all around the opening, and sometimes this burrowing is quite extensive, particularly up between the rectal coats where it frequently forms fistulous openings into the rectum. Considerable burrowing may occur before any opening is made. With all this breaking down beneath the surface, there is usually very little inflammatory reaction in the skin. In other instances, there is marked systemic reaction, a sharp chill with rapid pulse, fever and general malaise. The local symptoms develop less suddenly with a feeling of fullness and indistinct soreness which gradually localizes and becomes sharply defined. Examination shows all the signs of infection, a tumor to one side of the rectum, which is hot, red or violet in color, tender and throbbing. Cases with such an onset showing such systemic invasion are nearly always due to septic micro-organisms and frequently a mixture of the streptococci and colon bacilli. The tubercle bacilli develop cold abscesses. The location of the abscess somewhat determines the severity of the pain. Abscesses situated near the anus, where there is considerable loose areolar tissue which is easily distended, are much less painful than those situated higher up, where the various structure are firmly bound by the muscles and fasciae. The sphincter is also usually excited and its spasm increases the pain. When the abscess develops above the sphincter it may point into the lumen of the rectum and present no ex-

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ternal appearance. Digital examination, however, will demonstrate a globular mass indurated or fluctuating, according to the extent of the development.

The natural course of these abscesses is to rupture spontaneously. If it ruptures upon the skin, the result is a blind external fistula; if within the rectum or anal canal, a blind internal fistula, or, if both upon the skin and into the rectum, a complete fistula. Very frequently, in low-seated abscesses the internal opening will be found just within the anus. The distinguishing feature about these abscesses is that they do not drain and heal like abscesses, but continue to remain as sinuses. No satisfactory explanation of this has ever been offered, but the fact remains. When the abscess develops between the layers of the rectal wall it is called intramural. Its constitutional symptoms are slight, usually a sense of heaviness in the rectum, painful defecation and sometimes retention of urine. All these symptoms occur with inflamed, internal hemorrhoids, and without a careful examination, an erroneous diagnosis may be made. Digital examination shows local tenderness, swelling and perhaps fluctuation. Bi-manual palpation with one finger in the rectum and counter pressure on the perineum will be of much value in early diagnosis.

Treatment.—Just as I urged the importance of therapeutic measures in the marginal abscess, so now I wish to emphasize the fact that the deep abscess, except where malignant discase or syphilis complicate, does not respond to anything except surgical treatment. Therapeutics are a waste of valuable time. Local anesthesia may be used in many of the early cases and by first touching the spot on the skin with pure carbolic acid on a probe, or by firmly pinching the skin between two fingers for a few minutes, sensation is destroyed enough to introduce the hypodermic needle to infiltrate with cocaine solution. The incision should be free and radiate from the anus across the full length of the abscess. Diverticuli in the acute abscesses will usually drain well through the main cavity and need no later incisions.

All septi between the diverticuli and the main cavity must, however, be thoroughly broken down ,making one large wound. The object of this is to retain free drainage. If the cavity is large, it is well to fasten the drainage tube in place for a few days and after that to use a gauze drain. The cavity should be thoroughly flushed out once or twice a day with normal salt solution or a mild antiseptic. In the intramural variety, and in any instance where the incision has been carried through the sphincter, it is necessary to dilate the anal canal or at least the anus sufficient to open and cleanse the whole wound. The intramural abscess between the mucosa and musculature of the rectum must be opened from within the anus. Dissection through the external wound up alongside the rectum is not followed with good results. The important part is to carry the incision wide enough to leave no possibility of a pocket at the lower end of the wound, a condition similar to what occurs when the abscess opens spontaneously. Rest in bed is essential to rapid recovery, and while most cases get well if properly treated after the operation, even if allowed to be about yet they will get along quicker and more satisfactorily if kept recumbent.

Ischiorectal Abscess.—All perirectal abscesses are called ischiorectal by some physicians, but Etchepare (Tuttle) has found that less than eighteen per cent. are situated in the ischiorectal fossæ. These abscesses develop outside of the rectum and beneath the skin and fasciae. They may be single or multiple, and when more than one, they may connect, usually behind the rectum, through the space between the levator ani and the external sphincters. Even when they develop on one side of the rectum and open spontaneously or have existed several days, a second abscess frequently develops on the opposite side. The fossae in which the abscesses develop are filled with fat, and as the pus fills the acini, the fat is displaced, but the connective tissue reticulum remains and the abscess is honeycomb in form. It is essential in operating to break down these pockets, as otherwise the contained pus will burrow and infect new areas. There seems to be no limit to the extent to which these abscesses will travel. Frequently an abscess occurring on one side will burrow to the opposite, usually behind the rectum, and form a horseshoe or dumbbell shaped cavity, which gives the abscess its name. Infection may, however, be carried up through the fossae on both sides and two abscesses develop from one source. This process usually goes on faster on one side than the other and one abscess may appear several days before the other. Such abscesses may not communicate with each other.

Etiology.—Perirectal abscesses always result from the infection which is due to one or more of the following causes, namely: Injuries by foreign bodies, either through the rectal wall or through the tissues of the buttock; ulcera-

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tion or perforation of the rectum, fissure or wounds of the anus, and, very frequently, minor operations about these parts. Fistula or stricture are followed by abscesses, also squeezing superficial furuncles probably by forcing pus into the surrounding tissues and sometimes kicks or bruises may be the cause. Where an abscess has existed for several days prior to evacuation, a certain amount of adenitis necessarily develops in the surrounding lymph glands, and these may subsequently give rise to another abscess. Micro-organisms in these glands may remain virulent indefinitely. I will quote a case that was referred to me by Dr. Watts, which shows this condition. About 1894, Mrs. A. suffered with an abscess and resulting fistula, was operated upon and cured as far as she knew, and remained so for ten years, until June, 1904. At that time she developed a second abscess in the same ischial fossae. The abscess had existed several days when I operated on June 30, and removed about a pint of very foul pus and necrotic tissue. The case was treated along lines laid down later in this article, and she made an uneventful recovery; the wound completely closed. In March, 1905, she developed a third abscess in this same location and about the same amount of pus and debris was removed. I examined her on May 15, 1905, and found everything apparently sound. No tenderness anywhere (except, of course, on the new cicatrix). No tenderness on either vaginal or rectal examination. This woman has never been pregnant. The uterus is small, but in good position and movable, and no evidence of any pelvic inflammation. The bowels have always been regular and the sphincters are normal in tone. No history of tuberculosis or syphilis. I believe this is a case of tymphadenitis, although none of the glands are palpable, and in making my prognosis, I told this patient that I feared she might have a recurrence of the trouble.

Symptoms.—As a rule, ischiorectal abscesses develop acutely with some constitutional reaction, which in come cases is very serious. Locally there is a vague feeling of soreness within the rectum, which gradually increases to a dull ache, and later a throbbing pain. Externally, there may be no signs at all if the infection is deeply seated, but if near the surface the signs of abscess will be seen, such as red or violet discoloration and swelling. A finger introduced into the rectum and pressed out and down will usually appreciate a circumscribed mass of induration or fluctuation. Defecation is extremely painful and dysuria may occur. In aggravated cases the swelling, tension, edema and redness about the anus appear erysipelatous and a microscopical examination of the blood and excretions is necessary to differentiate such an abscess from true erysipelas. Sometimes the inflammatory reaction not only surrounds the anus but involves the scrotum, perineum and thighs, but such is an extreme case. When these abscesses are opened the pus is thick and creamy, unless there has been an extravasation of blood, when it may be brownish, and a clot may be expelled en masse or as debris. Shreds of necrotic tissue are frequently seen in the pus and indicate a septicæmic character of the infection. The odor is foul and gangrenous, even though the abscess does not communicate with the rectum. The gush of gas when the abscess is opened is due to the pent up condition and does not come from within the rectum. These gases are the result of bacterial life within the abscess. When the abscess is opened, either spontaneously or by the knife, the constitutional symptoms immediately subside and often within twenty-four hours will have disappeared, but, unless drainage is complete, another abscess will form and the whole chain of symptoms recur. This quite occasionally is the case if all the compartments are not broken down during the operation. In regard to the differential diagnosis, it must be remembered that hemorrhage into the connective tissue resulting in a hematoma may produce all the symptoms of abscess. Of course, unless infection occurs, there will be little rise of temperature, and no systemic reaction.

Treatment.—Free incision at the earliest moment is the only treatment for these cases. Local applications have been discarded by all surgeons as useless, because, while they give temporary relief and may retard the progress somewhat, yet they never abort or prevent suppuration. We must never wait for fluctuation, but drain freely whenever we find well defined induration, unless we think it is syphilitic. The wound should be wide enough to expose the whole field, thus permitting the operator to see what he is doing and allow free and easy drainage. Unless the surface wound is larger than the widest part of the abscess, pockets will form and the pus begin burrowing. After the abscess is opened the finger should be introduced, and all partitions and bands broken, thus opening all pockets. Curettage is not advised because the steel spoon affords no knowledge of the condition of the walls, while the educated finger distinguishes necrotic

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from normal connective tissues. The curette may go beyond and carry infection into healthy parts. The cavity should now be thoroughly irrigated with 1-2000 bichloride, and if there is considerable oozing or bleeding the cavity may be firmly packed for 12 or 14 hours. At the end of that time, the packing, if used, should be removed and a large rubber drainage tube introduced and retained. It is of the utmost importance that the walls of the cavity be kept apart and free drainage allowed. When both ischiorectal fossæ are involved the surgeon's ingenuity is often taxed because the posterior connecting tract must be drained. To incise both cavities and also the posterior connecting sinus would produce an infundibular anus. Hartmann opens the posterior cavity widely and inserts a drain into each lateral pocket. In a case of my own I made a somewhat curved incision, exposing the whole posterior connecting tract and put a large drainage tube into either side. Although wide undermining and dissection is made of the loose, connective tissue, there is little danger of incontinence resulting. The more common complication is that the resulting scars become so depressed about the anus that fecal matter is frequently lodged, and is difficult to remove. Many of these abscesses rupture spontaneously into the rectum and form internal blind fistula. Even where the abscess has been opened surgically it is found clinically that a portion of them rupture into the rectum subsequently but it is not good surgery to make an opening into the bowel because of the dangers of incontinence and the prolonged convalescence which such action entails. Doubtless many of the ruptures into the rectum subsequent to operation upon the abscess are due to some oversight in breaking down all the trabeculæ. Every operation for abscess must include a thorough dilation of the sphincters to prevent any subsequent spasm of the sphincter and rectal wall. The dilation also permits the free egress of gas and thereby adds much to the comfort of the patient. It also prevents any collection of feces in the rectal pouch, which might cause undue pressure on the thin wall. Of course the dilation should be done after the abscess has been evacuated, because, if previously performed, it would increase the danger of breaking the already thinned wall. Then again, the pressure and traumatism might squeeze pus out into new areas or dislodge thrombi and thus produce septicemia in remote parts. The dressings, other than the packing of the wound above mentioned, consists of a large, loose perineal and anal dressing. I never use tubes or anything else within the rectum.

Retro-Rectal Abscess.—These abscesses develop in the cellular tissues between the rectum and sacrum and above the levator ani and may result from necrosis of any of the large bones of the pelvis or from perforation of the rectum by a foreign body (bougie or syringe tip) or, more frequently, following posterior proctotomy for stricture when there has been imperfect drainage. It may also occasionally occur as an extension through the lymphatics from old fistulous tracts, the breaking down of tubercular nodules or gummatta or ulceration within the rectum. Appendicular abscesses have been found here, but such a course is very rare. Retro-rectal infection frequently follows ischiorectal abscess and after resection of the rectum.

Symptoms.—The symptoms are at first vague and indistinct; there are no rigors, a dull back or sacral ache and heaviness in the pelvis and sciatic pain may be the only symptoms. There may or may not be painful defecation. Usually there are signs of pus formation, *i. e.*, temperature, malaise and a sallow complexion. External palpation about the anus and perineum is negative. Digital examination within the rectum, however, demonstrate a circumscribed induration back of the rectum or later as pus forms and tension increases, the mass becomes painful, fluctuates and obstructs evacuation. Retention of urine may also occur. The abscess may break into the rectum or it may burrow through the levator ani, either separately or rupturing its fibers, and open into the ischiorectal fossa and finally out into the skin. A retrorectal abscess in bursting through the rectum may burrow considerable distance between the coats of the bowel and appear as an intramural abscess (Quenu and Hartmann, p. 146).

Treatment.—A large crescent-shaped incision between the anus and coccyx affords the most thorough drainage. Where the walls of the abscess are well defined and covered with necrotic tissue it may be well to curette, but it is always accompanied with danger, as spoken off before. After thoroughly flushing out the cavity a large drainage tube should be introduced and sutured to the skin and the sphincter dilated the same as in ischiorectal abscess. Packing the wound prevents drainage, and should be avoided after the first dressing, when, however, it may be necessary on account of hemorrhage. Tonics, good food and plenty of fresh air are the prime requirements, as these patients all need building up.

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The patient should be kept in his bed or on his feet during the whole convalescence and not allowed to sit down, as that position compresses the edges of the wound and prevents drainage.

Superior Pelvirectal Abscess.—These abscesses arise generally from disturbances of the genito-urinary or pelvic organs or even from abdominal organs. The levator ani muscle forms a physiological roof of the lower pelvis and abscesses originating below this muscle empty either into the rectum or upon the skin, and, while they may cause severe local and even some general systemic disturbance, they are only rarely fatal. Above the levator ani is the peritoneal cavity and infection here furnishes a different story. Large quantities of pus may collect and burrow into the bladder, vagina, high up in the rectum, the sigmoid, or out of the pelvis into the groin, but very rarely does it burrow through the perineum. With the enormous development of such a pus cavity enough pressure is exerted upon the bowel or urinary tract to produce mechanical obstruction. Such an abscess may be due to any of the causes of ischiorectal abscess, appendicitis, necrosis of the bones of the pelvis or spine, prostatitis or ovarian disease.

Diffuse Septic Periproctitis.—This is a form of rectal infection that belongs to the preaseptic era and which is never found to-day except were gross carelessness has occurred or following an injury that has been neglected. The local findings are acute inflammation about the anus and in the ischiorectal and retrorectal spaces and is very virulent. It may appear a few hours after the injury or not for several days, and may extend to other tissues until it entirely surrounds the rectum and may even extend to the peritoneum.

Symptoms.—The onset is insidious and the signs of systemic invasion come on slowly. Pain is felt in and about the rectum and gradually increases until it becomes intense and is accompanied by a feeling of fullness and weight about the sacrum and coccyx. If the attack follow upon an open wound or an operation, the discharges change to a mixture of blood and pus and are very fœtid, and the whole area is acutely inflamed, edematous and swollen. The patient is rapidly exhausted and often a sharp diarrhea sets in. Difficult urination or even retention. Vomiting is common and there may be complete loss of appetite. Septic foci may develop in other organs, such as heart or pericardium and precipitate the end. The whole picture resembles that of puerperal fever, and, if allowed to run its course, death results usually within two weeks.

Treatment.—The treatment is one of prevention. Diffuse periproctitis should never occur in operative wounds and the precaution lies in asepsis with free drainage when operating. Proctotomy for stricture and resection of the rectum are the operations most likely to cause trouble. If in the course of treatment the disease should occur, its remedy lies in bold, free incision of the inflamed tissues to allow easy drainage and frequent irrigation with sterile water or saline solution. Hot boric dressings are also to be used when possible; in other words, such attention as will assist the circulation and prevent gangrene.

In *resume*, then, you will see that it is very important to determine exactly which structures are involved in the infection before we decide as to the treatment. While certain cases respond quickly to very mild therapeutic measures, others will require heroic and ingenious surgery. Everything considered, the surgeon with the broadest conception of the case and the greatest resourcefulness will attain the best results. I leave the subject in the hope that I have demonstrated the different life histories of the pus collections, and that this paper may have cleared up a perhaps doubtful point in your mind.

559 East Forty-sixth street.

[It affords us much pleasure to be able to announce that instead of bringing this excellent series of articles to an abrupt close with the outgo of the present year, we already have in hand two articles from Dr. Drueck; one on "Hemorrhoids" and the other on "Cancer of the Rectum," and the promise of still others from the good doctor, which will appear in the SUMMARY during 1907.—ED.]

MEDICO-LEGAL.

BY E. S. M'KEE, M. D.

Operation on Minor without Consent of Parent.—The Supreme Court of Michigan has recently passed upon this question. Boy 17 years old had come for examination and later for a simple operation, with relatives, but not with his father. He was put under an anesthetic and died before the operation could be commenced. There was no evidence that the father had not agreed to his son's going with his aunt and sisters to have the operation done. Upon these facts the Court considered as follows: We then come to the question are defendants liable in his action because they

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engaged in this operation without obtaining the consent of the father? Counsel for the plaintiff are very frank with the Court and say in their brief: 'We are unable to aid the Court by references to any decision in point. We have devoted much time and research to this interesting question, but have been unable to find any decision of a higher Court either supporting or opposing the plaintiff's contention, and we will therefore have to be content by calling the Court's attention to such general reasoning as leads us to take the view herein contended for.' They then argue at length, with a good deal of force, that as the father is the natural guardian of the child and is entitled to his custody and his services, he cannot be deprived of them without his consent. The Court said: 'We think it would be altogether too harsh a rule to say that under the circumstances disclosed by this record, in a suit under the statute declared upon, the defendants should be held liable because they did not obtain the consent of the father to the administration of the anesthetics.' The Court of Appeals of Maryland denies that the husband has the right to withhold his consent to the performance of a necessary surgical operation upon his wife. Surely the law does not authorize the husband to say to his wife: 'You shall die of a cancer; you cannot be cured, and surgical operation, affording only temporary relief, will result in useless expense.' The husband has no right to withhold from his wife the medical assistance which the case might require.' Following the reasoning of this decision one can't see why a physician should secure the consent of a parent to operate on a child provided the child is of sufficient age to understand the nature and effect of the operation proposed. As there seems no precedent on this point it is one of much interest.

"Medicine and the Law in the United States" is the subject of a lengthy editorial in the *British Medical Journal* which says that judging from the reports in the half-yearly digest of cases in the United States many are founded on flimsy ground, and that they are more numerous than in the United Kingdom. In the case of Bigney vs. Fisher, which was heard in Alaska, it was decided that the implied contract of a physician in treating a fractured limb is not to restore it to its natural perfectness, but to treat it with that degree of diligence and skill which is ordinarily possessed by members of the profession in similar localities, regard being had to the state of the profession at that time. In another case it was apparently alleged that a physician had been guilty of negligence in not visiting his patient sufficiently often. The Court in this instance came to the conclusion that the question whether a physician was negligent in permitting certain intervals to elapse between his calls on his patient depends on the custom in similar localities in the treatment of similar cases, and not upon the custom of any particular physician in his own practice. Where an action by a father for failure to diagnose a case of diphtheria the plaintiff alleged that the diphtheria developed at least two days before the death of the child, during which time she was treated by the defendant. The defendant contended that the disease did not develop until 12 hours before the child's death. It was held admissable to ask an expert witness whether it was possible for a child to show no symptoms of diphtheria on one day and develop fatal symptoms on the next. The following extraordinary action against a dentist was noted. Patient complained of a clicking or disagreeable sound made by the movement of the jaws, said to have been caused by the defendant. Defendant sought to call a number of witnesses to prove that they were similarly affected. It was held that he could not call these witnesses, inasmuch as the plaintiff did not claim that the condition could be produced only by a dental operation.

Epilepsy and Crime.—Prof. Aschaffenburg, the distinguished German alienist, has directed attention to this subject by a paper ("Archiv. fuer Psychatrie) based on observations of dipsomaniacs under detention correlated with similar observations made at the Heidelberg clinic upon epileptics with mental deterioration sufficiently pronounced to necessitate confinement. He found these dipsomaniacs deprived of their alcohol had periodic attacks which he, following Hoffman, called epileptic equivalents. In observations on epileptics which are so bad as to necessitate confinement he finds the most characteristic features not the convulsions or the petit mal, nor the giddiness or fainting attacks, but are periodic emotional disturbances, characterized subjectively by sudden depression or great excitability, great anxiety or fear, homesickness, suicidal desires at times resulting in suicidal attempts and marked by mental confusion; objectively by the bodily symptoms already enumerated, with, in addition, eccentric conduct, attempts to escape and numerous prison offenses, recurrent outbursts of tem-

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per, accompanied frequently by morbid suspicion and wanton destructiveness are frequent among a considerable section of these persons who are styled degenerates, but not recognized as epileptics, and it would be interesting to know whether a more minute observation would yield similar results to those obtained by Professor Aschaffenburg. Certainly the most difficult task a Criminal Court can face is that of determining whether and if so how far the conduct of the subject of any of the many manifestations of epilepsy is the outcome of the morbid processes of which he is the innocent victim. On the answer to this question much hangs and still more ought to hang. Punishment at all is futile and the restoration to entire freedom of an individual inevitably prone to periodic criminal accessions is the veriest farce. The subject is one of the greatest scientific and medico-legal interest, and for that reason the recent utterances of Professor Aschaffenburg are of much interest and weight.

Three Hundred Thousand Medical Fee.—Dr. Charles C. Hendricks, of Atlantic City, has obtained an attachment against Laura Biggar Bennett for exclusive professional services covering four years. He asserts that he brought the actress from a speedy decline to a fair degree of health that she might enjoy the fortune left her by Henry M. Bennett, the theatrical manager and millionaire. He says he devoted his entire time to her for four years and that he practically lost his general practice.

"Information" That is Privileged.—In one of the earliest cases in Missouri which established the doctrine that the term "information" in the statute does not refer to oral communications alone, is that of Gartside vs. the Connecticut Mutual Life Association. The Court said: "The construction contended for by the physician's counsel that by the statute a physician is forbidden to disclose a statement made to him by his patient that he is suffering from syphilis, and to allow him to state as a result of his observation and examination of the patient that he was suffering from syphilis would be to make the statute inconsistent with itself. It is doubtless true that a physician learns more of the condition of a patient from his own diagnosis of the case than from what is communicated by the words of the patient; and to say that the mouth of the physician was sealed as to the information acquired orally from his patient, it is opened wide as to information acquired from a source on which it must rely, viz.: his own diagnosis of the case, would be to restrict the operation of the statute to narrower limits than was ever intended by the Legislature, and to eventually overthrow it." In another Missouri case where a party was suing for damages for injuries while a passenger upon a street railway the defendant had sent a physician to examine plaintiff. He examined her and prescribed for her and thereafter was called upon as a witness by the defendant. It was objected that the character was necessarily privileged under the statute. The Court held that as it did not appear that the patient was aware that the physician came to examine her in the interest of the defendant, and not in her own, the relation of physician and patient, within the meaning of the statute was established and physician was incompetent to testify.

Soliciting of Patients Through Agents.—Arkansas in 1903 passed an act forbidding the soliciting of patients by physicians and surgeons through paid agents. It was urged that such a law was unconstitutional, as being an unwarranted interference with the rights of physicians. But the Court held that "under its police power the State held the right to prohibit things which are hurtful to the comfort and safety of society. It is now well settled that in the exercise of this power the State may regulate the practice of medicine and surgery.

Insane Heredity and Suicide in Relation to Testamentary Capacity.—The New York Court of Appeals says that the mere fact that a person came to his death by his own hands within a few days after executing a codicil to a will does not justify the inference that the instrument was drawn with suicidal intent. If the will was drawn with the act in contemplation it does not necessarily affect the will. In this case there was insanity shown in the ancestry of the testator, but this cannot be taken as any inference of mental unsoundness in the absence of evidence tending to show manifestation of derangement during testator's lifetime. Mental derangement cannot be predicated solely on suicide as experience often shows that sane men destroy themselves.

Grand & Nassau Streets, Cincinnati, Ohio.

Dr. Webster, of Oakland, Cal., in the *Eclectic Medical Journal,* says that we have few remedies that will compare with berberis aquifolium as a general tonic and stomachic. He believes if anything wll create an appetite after complications have been removed, this remedy will.

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"OPIUM IN MEDICINE."

Why a Change of Standard is Needed.

BY WOODBRIDGE HALL BIRCHMORE, M. D.,
Brooklyn, N. Y.

Arguing from known facts to a probable conclusion we are justified in saying that opium was cultivated for in Egypt 6280 years ago, and possibly a thousand years before that date. We are also justified in believing that the present "tincture" and the disused "acid tincture" and its vinegar were officinal 5200 years ago at least. Probably the name by which a preparation of opium was known in quite recent time, say as late as fifth century B. C., "the wine of Thebes," gives us a clue to the origin of the name "tincture thebeaica," by which "the stronger preparation" was in use when Paracelsus tried to give canonical authority to a nomenclature.

At the end of the eighteenth century, when the Scotch College of Physicians attempted to fix the strength and composition of the various preparations then in use, the fact that more than one source of opium was recognized and that there was a recognized difference in the effects produced is certain. But, unfortunately, neither of the commentaries on this official recognition "of the drugs regularly used in practice by physicians of repute," gives any clear distinction between the different sources, commercial sources that is, of "Turkey opium," as distinguished from that of Egypt and India. But some distinction is intended, as is evident from the context, and it is also evident that the distinction was already understood by the dealers.

The modern history of opium in medicine, and modern pharmacy and modern therapeutics, alike one and all, date from the commercial isolation of the alkaloid morphine in the early part of the last century by the chemists of the manufacturing business which we know as "Merck's." The presumption has always been regarded as a fact that all the morphine sulphate in the market was c. p., that is uncontaminated by another substance in "recognizable" quantity, but the fact that a house of good repute is claiming that the morphine sulphate used by them is "free from Thebaine" is not only a claim for an important quality for their own goods, but is by implication a most serious accusation against "some person or persons not named."

The "bearing" of this matter will be considered by physicians as "important" as soon as the influence of this contaminating alkaloid is more widely known, but in this paper it is not my intention to go into the question from the medico-legal standpoint; we say enough when we advise our readers to be very certain not that the morphine which they are in the habit of using comes from this house or that one, *but to be sure that it is* FREE FROM THEBAINE."

The latest official statement of the composition of opium is a very peculiar one; it recognizes the indefinite character of the substance sold by this name and by implication at least challenges the medicinal character of the drug. It reads as follows: "The composition of opium is very complex; in it chemists have determined the existence of twenty (20) alkaloids, two (2) neutral substances and two (2) organic acids." Another authority of such standing that the statement must be regarded as at least *quasi* official, if not actually so, says: "The substances contained in opium vary with the crop, the locality in which it is grown, with the time of day and the condition of the atmosphere when the gum is harvested. Opium contains morphine, codeine, thebaine, narceine, papaverine and narcotine in relatively large amounts, and about a dozen other alkaloids, which are present in various proportions and these proportions are at present as uncertain as the composition and powers of the ingredients. These alkaloids are found in various combinations with meconic and lactic acids." We have been told of variations in the composition among the samples taken from the same "ball," which suggest very uncomfortable possibilities indeed, and from this viewpoint the administration of any sample of gum opium, unless it be from a quantity finely powdered, carefully mixed and most carefull sampled and assayed, is not only unscientific but actually dangerous. It is almost, if not quite, within bounds to say that to assay a sample of opium for the morphine only is simply providing a specially dangerous trap for the feet of the unwary, and for those who trust in the commonly received dogma that "the active component in opium is the alkaloid morphine."

The other five alkaloids mentioned above have all of them characteristic activities, among which the following may be said to interest us as practitioners, as practicing physicians, strictly speaking, as clinicians. But, in addition to its special physiological activity, morphine has an historic interest as being the medicinal agent which made evident to the clinicians the importance of the Provaz syringe. Practically every physician is so accustomed to associate morphine and a hypoder-

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mic injection that if you say to him: "I used my syringe," "I gave my patient a hypodermic injection," or, indeed, any like phrase, the hearer at once assumes that morphine is the substance injected. That many other drugs may be thus used is ignored, practically it is forgotten so very common is the use of the Pravaz syringe for giving morphine, so seldom is it used by the average practitioner for giving any other drug. Of course, Pravaz intended that this instrument should be used for giving morphine, because he knew no other drug which might be given in this way, but now that we have some thirty odd, this association of ideas is somewhat less close than formerly. Yet, in a sense, the idea does obtain because out of one hundred injections so made at least ninety-five are injections of morphine, and it may be that the number of times the hypodermic syringe is used for morphine giving as against the number it is used for giving anything else is greater still.

It must be remembered that this is due to the discrepancy between the action of this alkaloid and its name. Judged to be a sleep producer it was so named and so described because the conditions under which it produces sleep were so misunderstood. Morphine appears to us to-day less as a narcotic than as an anodyne, less as a sleep-producer than as a means of giving transient rest to tortured and tormented nerves. Cocaine, under certain circumstances, when applied externally, superficially, will produce immediate sleep, the tortured nerves finding rest by the paralysis of their terminal organs, and the exhausted central system, no longer compelled by pain to pay attention, falls as it were instantly into a condition of unconsciousness. Morphine causes sleep by paralysis of the receptive center; the message is not received. Cocaine paralyses the transmitting center so that the message is not sent. The paralysis of the receiving center is only relative, however, yet we see when we would obtain effectual closure of the consciousness to outside stimulation some drug more localized than either must be used. Such a drug is hyoscine, which really appears to interfere with the transmission of the stimulation from the periphery to the center of sensation.

That under certain conditions sleep and that sleep deep and prolonged, will follow after the administration of all three is now well known, but it is equally well known that the conditions of their usefulness are very, very much indeed, unlike.

Codeine appears to have its chief usefulness just where the first mentioned alkaloid is least useful, or may be that we are justified in saying is most dangerous in diseases and injuries to the air passages. In capillary bronchitis, when the nervous irritation is extreme and something must be done to lessen the irritation which by the exhaustion it is producing threatens life, we find in codeine not only an efficient drug, but it appears that we may say the only efficient drug. To use morphine, even when guarded with atrophine, is to take chances the physician has no right to take save *in extremis* only, codeine may be used without danger, and then be pressed to effect on the nervous symptoms without hesitation. The constantly present danger to the respiratory center, which so justly causes us to hesitate in pressing the morphine to effect need cause no hesitation when using codeine, for the influence of this alkaloid upon the respiratory center is by no means that of morphine. It differs not only in degrees but in the manner of action also. In some cases iodoform and codeine combine their actions most surprisingly in these cases, and in cases of consumption, when the spasmodic cough is rapidly using up the trifling margin of resistance-power which the patient has, and the traditionists have exhausted the resources of the pharmacopeia (as they know it) , relief so complete, so sudden as to seem all but the art magic will follow the giving of an hourly dose containing iodoform 0.01 gms., codeine, 0.03 gms., apomorphine 0.003-0.005 gms., to which it is sometimes well to add 0.001 gms. cicutine to one dose in three.

Narceine is an alkaloid which is also too little known and used, as an analgesic it certainly has an important place. As it does not interfere with the action of the bowels as morphine does, and does not check secretion of urine, but if anything stimulates the excretion of urea and uric-acid salts, it is peculiarly useful in the pains and the frightful headache of which the patients who suffer from masked rheumatic troubles suffer. Given with salycilates or salycilic acid it does wonders sometimes; in fact, it is par excellence the anodyne, not narcotic, for use in the pains of rheumatic-neuralgia.

In the cough associated with chronic laryngitis a "trochee" containing 3 or 5 mgs. given once in an hour or two will give almost as much relief to the cough without the pronounced miseries which accompany the use of cocaine.

Why narceine acts so satisfactorily in gouty swellings, to relieve the pain appears to be

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accounted for by the ease with which it reacts as a base to uric acid. Indeed from certain facts seen in gouty and rheumatic cases it appears not at all unlikely that it reacts as a base in the circulation. In some cases in which an intense acidity of the urine caused intense vescical pain, small amounts injected into the bladder caused almost instant relief. This local action is worthy of verification.

Narcotine is useful principally when it has received the extra hydroxyl molecules and has been changed to cotarnine, in which basic forms it gives various specialized salts. Some of these exhibit a power for causing dehydration of the tissues wonderful to see. This is specially true of the phthalate. Certain surgeons have reported instances in uterine practice in which the action could be compared to cocaine's action upon the vessels of the conjunctiva. A German drug house has taken much pains to inform the profession on this aspect of the subject.

But all the alkaloids are by no means so useful, and there is the best of reason for regarding papaverine as pre-eminently dangerous. Perhaps one is justified in regarding this alkaloid as representing the most dangerous ingredient in the opium of the common commercial quality. This appears to be the alkaloid which has the widest limits of variation in quantity, and it is also that towards which in individual instances the greatest idiosyncrasy is individually manifested.

In the first place we are justified in regarding this substance as a stimulant to convulsive action starting from spinal centers equal in intensity to any produced by strychnine. It is well-known also that the same abnormally sensitive reflex centers which are in certain individuals stimulated into action by strychnine are also set oscillating by this substance.

Children are especially sensitive to its action and the relative frequency with which spasms are provoked in young children by preparations of opium is well known. Some years ago a case came to the writer's notice which shows what may happen, but, unfortunately, by the time the knowledge of the facts reached me any chemical verification of the supposed cause was out of the question, six months having passed. This sample of opium was said to have been purchased in the usual way, so many ounces of gum opium from a wholesale dealer in Chicago. The sample was made up of a number of pieces from different balls and all the unexpected symptoms followed the use of portions of one fragment.

Pills made from a portion caused vomiting and purging in two men and one woman, and two children to whom laudanum made from the rest was given exhibited "serious spasmodic symptoms"; a woman purchased two ounces of the laudanum and she *said* that a dose of twenty (20) drops which she took "because she had a colic" was followed by "jerking" of the muscles of her legs "when she put her feet on the cold floor, just like those which she had had when the doctors were giving her strychnine."

The physician who had given her strychnine said that she showed an abnormal sensitiveness, and said that he had "pushed" the dose until reaction appeared, but why he did not say.

That spasms of the bladder and intestines, causing severe colic not infrequently followed the use of gum opium is evident to anyone who has read the notes made by physicians at the beginning of the nineteenth century, when gum opium was used far more frequently than it has ever been used since.

That thebaine, notwithstanding the trifling amount present in the ordinary samples of opium, is specifically a poison to the respiratory center is the conclusion drawn from experiments with supposed samples of this alkaloid. The small amount present in the average sample, like the small amount of papaverine, is no guide to the amount which may be present upon occasion, in fact until we know more accurately than we do now what are the conditions for the formation of the secondary alkaloids the use of preparations, which are in fact solutions of an unknown composition should certainly be avoided.

Permit me again to assert as I have so often before that it is not the part of wisdom for physicians to continue to use the various preparations of opium which are simply solutions of the active ingredients of so much gum, regardless of what those ingredients may chance to be. Modern chemistry has made it plain to us that opium is not what our predecessors believed it was. To the men who made up the Edinboro Dispensatory it had never occurred that there was any other distinction than that of commercial origin. When morphine was discovered that was accepted as being the active principle and we meet men constantly in practice who tell us by implication at least that some men are living who think so still. Others of us are inclined to regard as important the fact that some at least of the components of opium can be made into others by the processes of art equivalent to those which we know take place in natural

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condition. This being so we know that so danger-bringing an alkaloid as papaverine may be substituted for the useful morphine in any given sample of opium and so long as the opium remains opium, its tincture or its extract, we have no possible means of knowing anything about it. We do not know that the change has taken place, but equally we do not know that it has not.

The change may have taken place, and we would be none the wiser, so long as the opium remains opium.

It is this uncertainty in relation to the composition of opium which causes your essayist to defend the thesis that "all samples of opium intended for sale as such, should be assayed in respect NOT *to one only, but in respect to all* the components of known activity."

The Sinclair Hotel, 163 Fulton St.

PELVIC CELLULITIS.

BY J. L. WOLFE, M. D.

This disease has received several names which only serve to confuse the mind. Thus, among its synonyms are pelvic cellulitis, peri-uterine cellulitis, peri-metritis, para-metritis, pelvic abscess, intra-pelvic abscess, inflammation and abscess of the broad ligaments. The term peri-uterine cellulitis, proposed by Dr. Thomas as locating the lesion more definitely, and implying that this is one of the sequela of uterine disease or accident, is perhaps, the less objectionable.

We are aware that the pelvis is lined with a fascia, which is reflected over the muscles contained within it, and over the pelvic organs also, and which serve to shield, to strengthen, and to separate them. Between the layers of this pelvic fascia where they come in contact with each other, and also between the fascia and the organ which it covers or separates from another organ, there is interposed a quantity of loose cellular tissue. This tissue is particularly abundant between the folds of the broad ligaments, about the abdominal portion of the uterine cervix, between the uterus and the bladder, about the urethra in the recto-vaginal septum, and in the recto-sacral space.

There is considerable discrepancy among authors concerning the presence of this areolar tissue between the peritoneum and the uterus itself, a majority insisting that there is so little of it there as scarcely to be worth mentioning. There are those physicians, however, who insist that peri-uterine cellulitis proper is a kind of mythical disorder—in other words, one of the refinements of diagnosis. We apprehend, however, that there is no real conflict between the authority of the anatomist on this point, and the experience of the gynecologist, when he finds that attacks of inflammation are sometimes seated in the areola tissue about the uterus. For this form of the disease is especially incident to the puerperal state. And when we remember the changes that take place in the other uterine textures in consequence of conception, we can see no reason to doubt that there is, during pregnancy, a corresponding growth and development of its cellular tissues, also. Authors, so far as I am able to learn, have not said anything on this subject. It may, nevertheless, be true that this particular tissue, like the muscular coat of the womb, is produced, and then removed, to answer certain very important physiological ends, and that this consecutive development and decline constitute a predisposing cause of cellulitis as one of the contingents of labor, whether premature, or at term. When we say peri-uterine cellulitis is an inflammation of the connective tissue about the uterus, and within the pelvis, and when it is not traumatic, rarely occurs, except as a sequel or contingent of lying-in, gestation and labor being its most powerful predisponents. Authors have divided this disease into three stages, viz.: the congestive, the stage of effusion, and stage of suppuration. But I am confident we can add another stage to this class, and that is the stage of resolution, for I believe that appropriate treatment will enable us, sometimes, to cure our patients without allowing the disease to pass on to the stage of suppuration. The stage of resolution is that in which the tumor may remain for some time at a standstill, and finally pass away without ending in suppuration. You will infer if for any reason as for example because of a depraved cachexia, great debility from previous sickness, inanition or excessive medication, the patient's vitality is very much reduced; the resolution of the swelling would be impossible, and suppuration would almost inevitably follow. But when her strength has previously been good, her gestation and labor have been accomplished without too great a draught upon her nutritive and nervous resources, when she has been well nursed and properly fed, medicated and otherwise cared for, and, above all, when there is no prevalent epidemic, erysipelas or puerperal disorder, we may observe the tumor gradually resolving itself away under appropriate treatment.

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A case: About three years ago a lady came under my charge. She was thirty years of age, and had been married six years and suffered some time with menorrhagia, caused by fungositis of the endometrium and although the cervical canal was quite empty it was deemed necessary to dilate the canal with a sponge tent before removing the growth. The tent was introduced and allowed to remain about eight hours. The curette was used immediately afterward and the abnormal growths removed. Within thirty-six hours after this she began to have pain in the region of the right broad ligament, and at the same time symptoms of fever were manifested, the temperature running up to 102 degrees F. She complained of sickness of the stomach, had no appetite, and some swelling or tympanitic disturbance of the bowels. On digital examination made two days afterward a well-defined mass was found in the right broad ligament, which increased in the following thirty-six hours until it attained the size of a large walnut. This mass was very tender to the touch. Opium was given to relieve pain. The bowels were allowed to remain constipated for about five days. A vaginal douche of hot water and borate of soda was used three times a day, removing a bloody discharge. The pain gradually subsided, and at the end of six days the bowels were moved, the fever also diminished, the appetite slowly returned, and the mass gradually diminished in size. At the end of ten days she was permitted to leave her bed and sit in a chair; active exercise was not allowed until after the next menstrual epoch. Her duties were gradually resumed. On examination it was found the mass in broad ligament had entirely disappeared, and there was no tenderness or evidence of congestion—recovery complete.

Cedar Falls, Ia.

PNEUMONIA IN THE AGED.

BY J. M. FRENCH, M. D.

Not only is pneumonia a very common disease in the aged, but its symptoms are greatly modified from those which are seen in the disease as it occurs in young adults, the prognosis is vastly more grave, and the treatment requires more important modifications in order that it may save the largest possible proportion of cases.

Symptoms.—In the first place, the element of the chill is very often wanting. This is regarded as one of the diagnostic symptoms in ordinary cases of pneumonia, though even in the young it is not an invariable accompaniment of the disease. The pain, cough and expectoration, are often slight or absent, and the physical signs are with difficulty distinguishable. One of the most important of these, the crepitant rale, is often entirely lacking. Along with this diminution of the usual local manifestations, the constitutional symptoms are very much more prominent, and are of the first importance at an early stage of the disease. Indeed, it is not uncommon to find cases of pneumonia in old persons in which there is extreme prostration, amounting almost to paralysis, from the very first. In these cases there is also dullness of comprehension and inability to speak distinctly. The fever is rarely high, and may not go above 100 or 101 during the whole course of the disease. This is an indication of that lack of vigor and vitality which is at the bottom of nearly all the peculiarities noted. In these cases it is very evident that instead of being a local disease with constitutional symptoms, pneumonia is a constitutional disease from the start, the result of a systemic infection, with inability of the system to resist that infection, and the depressing influence of the toxins resulting therefrom. Add to these the weak heart and impaired kidneys which are common in old age, and the causes are made evident.

Prognosis.—Osler says that penumonia is so fatal in this class of patients that it is called the natural end of the old man. He gives the average mortality at the different ages, as follows: Under 20, 3.7 per cent.; from 20 to 30, 22 per cent.; 30 to 40, 30.8 per cent.; 40 to 50, 47 per cent.; 50 to 60, 51 per cent.; 60 to 70, 65 per cent. While these figures may correctly represent the mortality in hospital practice in the great medical centers, it is certain that no reputable private practitioner whose mortality record should show equally unfavorable results would be able long to maintain himself in the esteem of his fellow practitioners or the confidence of the public. It is probable, however, that the proportionate mortality at the different ages is correctly reported. So fatal is the disease in advanced life, that it is said that more very old persons die of pneumonia than of any other disease.

Treatment.—This is after all the point of supreme importance, both to the physician and the patient. To obtain the best results it is necessary to consider not only the nature of the disease and its usual course, but the patient and his peculiarities, especially those due

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to his advanced age. If the expectant method is faithfully carried out, while the patient will not suffer much, and hence the advocate of this plan will see few indications for active interference, yet he will die in the very large majority of cases. The physician who can do nothing to aid nature in the unequal contest with disease had best confine his practice to the young, in whom more may be expected from nature than in the aged.

The indications to which especial attention needs to be called on account of the age of the patient are three in number—elimination, antisepsis and support. Perhaps to these should be added a fourth, the treatment for the fever. Other indications, of course, exist, but they are common to the disease at all ages, though they may not exist in all cases.

Under elimination, we may note especially the need of attention to the bowels, which are almost always constipated. Indeed, the aged patient himself almost always pleads for laxative medication—a plea too often disregarded by the physician. For the preliminary clearing out, there is perhaps no better remedy than 1-6 grain doses of calomel and podophyllin, either alternately or combined, until a grain of each has been taken. If this is not effective, follow it in two hours with a dessertspoonful of saline laxative in a little hot water. When the alimentary canal is thoroughly emptied give five grains of the combined sulphocarbolates of lime, soda and zinc (Intestinal Antiseptic W.-A.) every four hours to keep it reasonably aseptic. A dessertspoonful of saline laxative every morning will prevent further accumulation of waste materials in most cases. Where this is not sufficient, more must be given; and in the rare cases where free movements are maintained without medication, nothing will be needed. Never forget that the effect is what we are after.

Though the fever is rarely as high as in younger patients, yet it must be kept under control. For this purpose no remedy is superior to aconitine, grain 1-134 dissolved in a teaspoonful of hot water every half hour or one or two hours, according to the intensity of the fever. Meanwhile the system must be supported and the course of the disease with reference to the heart anticpated by giving strychnine arsenate grain 1-134 and digitalin, Germanic, grain 1-67 each every one or two hours, as may be indicated. The well-known Dosimetric Trinity granule, which combines these three agents in the doses named, is an ideal combination for the purpose, and is largely used. It is best given in solution, but when the bitterness is strongly objected to by the patient, it may be administered in granule form, followed in every case by a drink of water to favor solution. When the fever is entirely gone drop the aconitine and give the strychnine and digitalin in separate granules.

It may be admissable in young persons to say, do not give heart tonics until the heart has shown signs of failure. I say, this may be admissable in the young and vigorous, though even there it does not commend itself to me as based on wise principles. But however that may be, it is certainly a very unsafe course to follow in the aged. It is the physician's duty, knowing as he does the course of the disease and the dangers which are sure to arise, to provide against them before they appear, instead of waiting for them to develop before making any provision for them.

Other indications, of less importance and not certain to be presented, may safely be met as they appear. Expectorants may sometimes be needed, in which case nothing is better than emetin, and, if there is much irritation, it may be combined with codeine; if harsh and dry, with apomorphine. But in a considerable proportion of cases, none of these agents will be needed.

Careful nursing, proper food, fresh air constantly, hot applications externally and hot drinks internally to relieve pain and stimulate vitality with constant watchfulness and good courage, will help you to pull through a good proportion of patients, even down to old age.

Milford, Mass.

HOSPITAL NOTES FROM UNKNOWN LANDS.

BY FELIX J. KOCH, A. B.

Buda-Pest has, to-day, one of the best-equipped institutions for curing by the Roentgen and Finnsen rays in Europe. The establishment is listed among the sights of the city. In additions there is a large "animal doctor's" college, which, likewise, presents some interesting phases for strangers interested along these lines.

In Hungary the railways are almost wholly a government property, and, accordingly, by law, a railway official, if sick an entire year, will receive his full wage. If, however, at the end of the year, he is examined and found to be incurable, he is removed from office, but

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remains on pension for life, at a rate of percentage based on his last wage.

The housewife, rather than the trained nurse, seems in demand at the patient's side in Hungary, and even in the case of Madame Jokai, Jr., whose troubles with her distinguished old husband form the popular scandal of Hungary, she seems to have recognized this duty and alone tended him in the final days of his sickness.

Buda-Pest has its municipal bathing establishments as one means of preventing overcrowding in the hospitals, and these are exceptionally favored in being situated over a natural thermal spring.

At Poprad, in the civic museum, the skeletons of men of the stone and iron periods, exhumed in the vicinity, attract scientists of a medical turn of mind from afar.

At Schmecks, in the summer country, the value of the baths is shown to be increasing in the popular estimation annually. There are baths here which have been attended by the sick for well on to century. Ice-cold water baths and pine cone baths are among the specialties of these places.

The population of this section, which is German-Saxon, although surrounded by an ocean of Magyars, has not much use for the medical art and considerable merriment is often caused on the inter-urbans, by some peasant woman recognizing a physician aboard and then scoring what she calls the necromancy which he practices.

Among the Carpathians, where the ascents are made up the Meraugerspitze and other peaks, nurses, if not physicians, could find good practice. The steady upward climb, with its incessant jogging of the stomach, leads to not wholly pleasant sensations—a rumbling in the stomach, heavy heart palpitation, the running of the nose, due to the altitude, and an intense thirst—which the guides do not permit one to slake on the ascent, in fact, tolerating nothing save the peppermint lozenge for relief.

At Banjaluka, in Bosnia, the Austro-Hungarians have erected a handsome hospital in a park surrounded by osage-hedges and equipped it with every modern appliance. Thirty years ago Bosnia was worse off than is Macedonia to-day. At the Trappist Monastery, outside the city, there is an orphanage for boys, and there, too, is a sick-room, rather modern, by way of contrast, has been established. For the monks themselves there is a special kitchen, in which food is prepared for the sick, these alone being given meat, and even they abstaining from it on fast days.

Recollections of the army nurses that came to Bosnia in the seventies still survive among the people, and many an Austrian commercial traveler wearing the "duster" once common in New England, is mistaken for one of these by the peasants, and receives the utmost consideration on that account.

The railway regime of Bosnia, which belong to the military government, includes twenty physicians, who look after the employes. In addition, accident insurance is maintained for these employes, and there is a sick fund to which, as in Austria, employer and employe both contribute.

At Sarajevo one meets with the howling dervishes, which would afford an interesting phenomenon for medical study. These men bend back and forth ,rapidly as possible, for hours at a time, until they themselves can scarcely stop, and yet there seems no apparent effect on the system—many of them attaining great age.

At Rovigno, Dalmatia, a small admission fee is charged visitors to the national tobacco factory, and this, with a government subsidy, goes to the employes' sick fund for defraying cost of nurses, medicine and doctors. At Pola, the naval war harbor of the dual empire, a few miles farther down the coast, there is a great army hospital to which, however, admission is denied. At Para, the capital of Dalmatia, a civil hospital, much smaller in extent, has been established.

Spalatro, the city built entirely inside the palace of the old Roman emperor Diocletian, has a large hospital, too, probably the only *bona fide* hospital inside a palace in the world.

At Ragusa, on the Dalmatian coast, in addition to possessing a hospital, there is enforced sick insurance for employes, to become beneficiary of which three per cent. of every florin of wage must have been contributed. Of this amount, two parts are given by the employe out of his wages, and the other third is given by the employer, though without deducting from wages paid.

Almost the most modern affair in all Cetinge, the capital of Montenegro, is the hospital, donated by Russia. The physician to the Prince is almost the only man not in the picturesque national costume, he going about in more conventional European attire.

1363 Myrtle.ave., W. N., Cincinnati, O

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Medical Progress

Under this head we endeavor to present a condensed summary of practical medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

TREATMENT FOR SORE THROAT.

Treatment for "sore throat" is palliative or curative, writes Dr. Edmund D. Spear, in the Boston *Medical and Surgical Journal.* Often with feelings of deep regret the writer recalls his early experiences with cases of throat disease. In the light of acquired knowledge the differentiation of the various constitutional diseases, including the exanthems, with the localization of their port of entry, have served to remind him of the fallibility of man and he wonders at the credulity which caused him to prescribe sprays and gargles which ever proved valueless and inert.

"Sore throat" is usually the symptom of the invasion of the post-nasal tonsil, and through the circulatory system, of the economy by an infection. This latter, which was formerly spoken of as a *contagium vivum,* is now understood to include with the true materies morbi a specific micro-organism, its toxins, and their various derivatives.

In children, whose post-nasal space is usually filled with adenomatous masses, and in whom exposure produces congested throats, this invasion may be the precursor of one of the exanthems, such as measles or scarlet fever, or of even more serious contagious disease, as diphtheria, cerebro-spinal meningitis, and of pertussis, of rheumatic fever, or of influenza.

These serious infections should be treated locally with the energy and thoroughness which their character demands. It is inconsistent with theory to allow the dangerous sequelæ which are constantly occuring from the toxemia to continue and it is unwise, even with diphtheritic cases, to place full dependence upon the use of antitoxin.

The writer, therefore, firmly advocates the removal of adenoids and direct sterilization of the naso-pharynx at the earliest possible moment.—*Merck's Archives.*

TREATMENT OF COMMON COLDS.

The *Therapeutic Gazette* says: "Dr. Atkinson writes in the *British Medical Journal* of January 6, 1906, that in the case of an ordinary head cold, the quickest result, in his experience, is obtained by giving 30 minims of spirit of nitrous ether and 30 drops of aromatic spirit of ammonia in one ounce of water, repeating the dose in two and then every four hours. Three or four doses are generally sufficient to put a stop to the discharge. Should the discharge happen to be thick when first seen, then a snuff composed of 1 grain of cocaine, 2 grains of menthol and 100 grains of boric acid quickly effects a rapid cure. When the cold has run down into the trachea, as shown by a tickling of the throat whenever a long breath is taken, then a mixture of liquor ammonii acetatis 3 ij, spirit of nitrous ether m. 10, in 1 ounce of water, every four hours, rapidly gives the required relief."

DIGITALIS AND STROPHANTHUS COMPARED.

At a stated meeting of the New York Academy of Medicine, October 16, 1906, a valuable paper on the "Comparative Action of Digitalis and Strophanthus" was read by Dr. A. Hatcher. Some of the chief points developed by the writer were that in all probability strophanthus would never rival digitalis; that the insolubility of digitoxin was against its use; that digitalis in large doses was rapidly excreted by the kidneys. In the discussion following the presentation of Dr. Hatcher's paper, Dr. H. P. Loomis remarked that strophanthus was used comparatively little to-day as compared with ten or fifteen years ago, and he expressed the belief that strophanthus would never take the place of digitalis. Dr. Theodore Janeway, in participating in the discussion, believed digitalis to be the mainstay in cardiac therapeutics.

The discussion in its entirety followed a trend familiar to those who have carefully studied the therapy of digitalis. That is, there were statements indicative of confidence in the ultimate physiological action of digitalis, but these statements were usually coupled with others regarding unreliability in effect and slowness in action of digitalis in its older forms.

In connection with these statements it will not be amiss to refer to Digalen—Digitoxinum Soluble Cloetta. This medicament is now conceded to be a long step forward in the therapy of digitalis. It is stated by careful observers that Digalen provokes no gastric disturbances,

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is non-cumulative in action, that it allows of exact dosage and produces prompt effects. The point mentioned last is assuredly important, and in regard to it Dr. F. Schwyzer, New York, makes this statement in *Medical News*, November 18, 1905: "Per os it (Digalen) acts much more quickly than the powder; hypodermically (deep into the muscles), in a few hours; intravenously, at once."

TREATMENT OF VARICOSE ULCER.

The following treatment for varicose ulcer has given me excellent results. In the beginning of the treatment I give a calomel purge, followed by a saline purge, to lessen the possible portal congestion, thus aiding the venous circulation of the lower extremities. After thorough purgation the following combination internally is of service for at least two weeks:

℞ Aloin ..... gr. ij
Strychnine sulph. .....gr. 3-5
Acidi nitric dil. .....ʒ ss
Glyceri pepsini ..... q. s. ad. ʒ iij

M. Sig.: One teaspoonful in water after each meal.

The patient is requested to keep off the feet, with the limb elevated on a chair during the day and raised on a pillow while in bed. The ulcers must be dressed daily. To cleanse them, a weak potassium permanganate solution is beneficial. Every other day the edges of the ulcers are touched up gently with pure phenol (carbolic acid) on a toothpick, to stimulate the infiltrated skin surrounding the ulcer. The ulcers are daily filled with finely powdered red cinchona bark, and the discolored infiltrated skin over the leg is covered with the following ointment to lessen the itching, which is so often present, and to make the skin soft and pliable:

℞ Acid. salicylic.,
Sulphuris sublimate ..... aa 3 ss
Phenolis ..... gr. x
Chloral hydrate ..... gr. xx
Camphor ..... gr. x
Cocaine hydrochlor. ..... gr. iij
Atropine sulph. ..... gr. ij
Ungt. zinci oxidi benz.,
Ungt. aquæ rosæ ..... aa 3 ss

M. ft. unguentum. Sig.: Apply as directed.

The leg should be tightly bandaged with a three-inch flannel bandage from the toes to the knee. Some members of the profession highly recommend to strap the ulcers with adhesive plaster to draw the edges together. I have found this method of service in conjunction with the above treatment.

After the ulcers are thoroughly healed it is well to apply the faradic and galvanic currents of electricity alternately, daily, for ten minutes to the limb, to tone up the muscular wall of veins.—*Medical Bulletin.*

TREATMENT OF LUMBAGO.

In an article on the subject in the *New York Medical Journal*, Dr. G. S. Eveleth, of Little Falls, N. Y., says:

The indications for treatment are chiefly two: First, the administration of alkalies, and, second, remedies to hasten elimination. Salicylic acid, sodium salicylate, the various salts of ammonium and potassium are indicated. The combination that has always done the author the quickest and most effective service, especially in plethoric, robust patients, has been:

℞ Tinct. nucis vomicæ ..... ʒ iij
Tinct. colchici ..... ʒ iij
Liq. potass. hydroxid..... ʒ iij
Tinct. gentianæ comp. .....ad. ʒ vj

M. Sig.: Teaspoonful in a glass of water every four hours.

For anemic patients and patients of a weaker type, Basham's mixture, in two-dram doses in the same amount of water, and at the same interval, is better borne. Their action is somewhat similar, as both contain an alkali and both increase the kidney elimination.

If the attack be so severe as to confine the patient to his room or bed, unless the pain is so acute as to call for a hypodermic injection of morphine, nothing will give relief so quickly as hot, wet compresses. The compress should be made of several thicknesses of soft flannel, and the water used should be as hot as can be borne. If a piece of dry flannel be placed next to the skin, more water can be left in the compress and water of a higher temperature can be used. A hot water bottle or bag, or some other heated object, may be applied next to the wet compress, and the whole covered with rubber cloth or oil silk to keep the patient's clothing dry, and to keep in the heat. The compresses should be renewed every fifteen minutes till the pain ceases, care being taken to keep the parts dry and well covered while the compress is being renewed. At intervals of every forty-five minutes a cloth wrung out in cold water should be applied for one minute or two; and when the hot compresses are discontinued for the day the cold cloth should be applied again for a minute. The parts should then be dried and massaged well with an ointment containing 20 drops of the oil of cloves, 1 dram of the oil of rose-

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mary, 1½ drams of oil of wintergreen, 2 drams of salicylic acid to 2 oz. of benzoated lard, and then covered with a dry flannel.

Massage, either manual or mechanical, has been found to be very helpful in any stage of the disease. It is of great use in chronic lumbago, as is also electricity, either the constant or interrupted current. The static machine also gives always a temporary and sometimes a permanent relief.

The bowels should be kept open, diet carefully regulated; tea, coffee and alcohol should be abstained from, and tobacco used only sparingly or not at all. The lumbar muscles should be protected by a light flannel bandage. Susceptibility to changes in the temperature may be lessened by a daily morning cold bath.

SUBINVOLUTION OF THE UTERUS: HOW IS IT BEST PREVENTED?

Dr. Joseph B. De Lee advises the following to prevent subinvolution of the uterus:

1. Avoid sepsis; conduct the labor with the same aseptic and antiseptic precautions that one uses in laparotomies.

2. Leave the cases to nature as much as possible. Avoid practices to shorten the life of normal labors.

3. Avoid lacerations of the cervix. Repair them if deep or if they bleed. Repair the torn perineum accurately.

4. Leave the uterus empty of clots, membrane and placenta; therefore conduct the third stage of labor properly.

5. If the uterus does not decrease in size rapidly in the early puerperium, give ergot.

6. Don't allow the patient to lie on her back too long.

7. Build up an atonic general system.

These are my means of prevention, and I have had only two cases of subinvolution in twelve years' practice.—*Southern Medicine and Surgery.*

OFFICE TREATMENT OF HEMORRHOIDS.

Dr. Beach, in the Penna. *Medical Journal,* claims that most cases of acute and chronic hemorrhoids can be relieved under ordinary local anesthesia, and with less pain to the patient than that which commonly follows the more radical operation done under general anesthesia. The office treatment of almost all anal and rectal diseases consists in the proper application of local anesthesia. Until Gant revived the use of sterile water anesthesia, ethyl chloride, cocaine, and eucaine were universally employed. The latter two should never be used in a stronger solution than 1 per cent. and the ordinary strength should not exceed one-tenth of 1 per cent. The strengths used will depend somewhat on the work to be done as well as the susceptibility of the patient. The more nervous the subject the more difficult the procedure. In fissure the one per cent. solution of eucaine is to be preferred, but in less painful diseases, such as hemorrhoids, prolapse and fistula, the weaker solutions are best. Sterile water should be used warm, and in sufficient quantity to produce anesthesia by pressure. To both eucaine solutions and sterile water adrenalin solution should be added.—*Medical Standard.*

ANTISEPTIC MOUTH-WASHES.

The mouth should be kept scrupulously clean. The toilet of the mouth is an important factor in the prevention of disease. The *Medical Times* suggests the following formulæ:

CARBOLIC ACID.

℞ Carbolic acid, 2 parts.
Glycerin, 3 parts.
Chloroform, 1 part.

Sig.: 5 to 10 drops in a wineglassful of warm water.

BENZOIC ACID.

℞	Benzoic acid	gr. v
	Thymol	gr. j
	Ol. menth. pip.	gtt. viij
	Tr. eucalypt	ʒ j
	Alcohol	ʒ j

Sig.: A teaspoonful to a tumbler of warm water.

SALICYLIC ACID.

℞	Salicylic acid	gr. x
	Ess. menth. pip.	gtt. x
	Tr. lavand. comp.	gtt. xx
	Aquam	ad. ʒ j

Sig.: A teaspoonful to a tumbler of warm water.

—Dr. Earp, in *Medical Monitor.*

STRICTURE OF THE URETHRA.

Dr. Monroe, of Louisville, Ky., says: I never examine for stricture of the urethra with a full curved steel sound. I always use an olive-tipped sound. I have cured a great many cases of gleet by passing a sound every few days, increasing the size as I have found it possible. I always treat, when I find a local sore in the urethra, through the urethroscope or an Ultzman's syringe, thus applying my medicine to the dieased surface."

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MEDICAL CHIPS OF PRACTICAL VALUE.

Rheumatism.—In an excellent article on "Treatment of Rheumatism," by Dr. W. E. Deeks, of New York, in the *New York Medical Journal* for March 8, 1906, the author says: One of the most marked features about the history of young people who are suffering from damaged hearts, resulting from acute rheumatic attacks, is the prolonged use of excessive sweet diets through pernicious artificial foods or foolish indulgence in confectionery, and the attendant stomach disorders. The writer has never failed to obtain such a history if the patient or the relations were closely questioned.

..Pruritis Ani.—Dr. Cowles says: If there is much thickening of the skin surrounding the anus some preparation containing salicylic acid should be used. A good one is:

℞ Acid. carbolic ..... gr. xv
Acid. salicylic ..... gr. x
Ichthyol. .....m xxiv
Petrolat. ..... q. s. ad. ℥ j

Enuresis.—Dr. Jennings finds strychnine particularly valuable in diurnal incontinence. He prescribes two grains of atropine and one grain of strychnine, in one ounce of water, giving at first one drop of this solution three times a day, increasing the dose by one drop daily until the enuresis is controlled or the physiologic action of the drugs is manifest.

LUBRICANT FOR INSTRUMENTS.

Dr. Monroe, of Louisville, Ky., says: I have found the following the best lubricant for instruments or the fingers that I have ever used:

℞ Castor oil ..... ℥ j
Carbolic acid, sat. sol. ..... gtt. xxx

FOR ALCOHOL EXCESS.

℞ Sodium bromide ..... 3 ij
Fld. ext. henbane,
Fld. ext. lobelia ..... aa 3 j
Fld. ext. pulsatilla ..... gtt. xx
Fld. ext. lupulin ..... 3 ij
Aqua mentha .....q. s. ℥ ij
M. Sig.: Teaspoonful occasionally.

If heart is very weak I give nitrate strychnine, while as a tonic in convalescence I prescribe, nux vomica, columbo, gentian and hydrastis.—Dr. O. Henley Snyder, in *Leonard's Medical Journal.*

NITRITE OF AMYL IN POST-PARTUM HEMORRHAGE.

Dr. J. R. Keith, in the *British Medical Journal,* reports a case successfully treated. The patient, a multipara of thirty-three years, had suffered from hemorrhages at previous labors and had been debilitated during her last pregnancy. All went well in the labor until the extraction of the placenta, when profuse flooding commenced. This was, however, almost immediately arrested by the inhalation of a capsule of nitrite of amyl. After a hot saline infusion of two pints per rectum the pulse, which had run up to 120, soon improved, and in less than an hour was 86. No further trouble followed.—*Medical Record.*

DRUG ADDICTION.

Dr. Edward B. Lane, of Boston, Mass., formerly Superintendent of the Boston Insane Hospital, in the *Medical Standard,* says: Drug addiction, according to my observation, is most prevalent among physicians and nurses, the greater number of victims being men. Morphine has the greatest number of devotees, and cocaine comes second, but a combination of both morphine and cocaine is not infrequent. My experience is that the great majority of habitues are led to the addiction by irregular hours of sleeping and eating, and the consequent need of a bracer.

The mental condition of the morphine victim may be summed up in one phrase, namely, loss of will power. He will lie in any matter that affects his supply of the drug. Physically he exhibits anorexia, anemia and a tremor of the muscles. The cocaine habitue loses all of his natural affection, manifests a complete loss of interest in occupation, and untruthfulness. He suffers from prolonged fits of drowsiness, especially in the daytime, with wakefulness at night. As far as I know there is no essential difference in the action of the drugs when taken by the mouth and when injected hypodermically.

The essential elements in my treatment of these cases is stimulation, and steady but gradual withdrawal of the drug. When the amount taken has been very small it may be justifiable to withdraw the drug all at once, but not otherwise. For stimulation I find strychnine and caffeine useful medicines. I regard a patient as cured only after one year's voluntary abstinence from the drug. The so-called "cures" among the patent remedies only serve to prolong the habit.

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CAMP FEVER AND HOW TO PREVENT IT.

A feature of the Surgeon General's annual report is a brief presentation of the sanitary conditions at the several army posts. The descriptions are as a whole rather discouraging, for while they show a gradual improvement in buildings, sewerage, drinking water and the like, the change is very slow, and there is little to indicate that the lessons of the Spanish-American and Russo-Japanese wars, as regards either the means or the necessity of protecting the health of our soldiers, have yet really impressed themselves upon our military authorities.

And an almost appalling possibility is revealed by what the Surgeon General says about something that happened in July, 1905, at Fort Sill, Oklahoma. The Second Provisional Regiment of Light Artillery, 382 men and officers, under Colonel Walter Howe, were mobilized and went into summer camp. Though it had long been known that the camp was to be established, the departmental commander knew nothing of the movement till a few days before it started. "No provisions or preparations," we read, "were made at Fort Sill for their reception, and they were at once placed in a camp totally lacking the necessary arrangements for the care of the sick, . . . water supply, kitchen, and messing arrangements, although it was known that the duration of the camp would be about four months. The selection of the camp, made, so far as can be learned, without the recommendation of a medical officer, was very unsuitable and unhealthy, being located along the side of a creek which contained so much stagnant water that it was impossible to oil it properly."

The result was what might have been expected. Instead of the health of the soldiers being improved by a summer outing, there were 118 cases of malarial fever, and probably an equal number of cases were treated without appearing on the record. To make this very bad matter worse, when the regimental surgon advised the issue of mosquito bars to the men, the commanding officer told him that the recommendation was impracticable and did not seem necessary, though the officers of the regiment had and used the bars!

In commenting on this amazing episode the Surgeon General merely says that "it would seem advisable for the protection of the lives and health of our troops that a paragraph should be inserted in the regulations requiring the organization of a board of officers which shall include one or more medical officers, to select permanent camp sites and make necessary preparations, sanitary and domestic, before they are occupied." Would it not be even better if power were given the army surgeons to decide all matters strictly within their professional province, and to do it without interference from men like Colonel Howe, who apparently have yet to get the first news as to the existence of the science of military sanitation?

Malarial and typhoid being in many instances due to impure water and milk, it can be prevented in two ways:

1. By distilled water.

2. By drainage and the growing of the eucalyptus trees.

Army surgeons who take pains to examine and test food products will do more to prevent diseases than many people suppose.

WHEN TO CLEAN THE TEETH.

If the teeth are to get but one thorough cleansing during the day, just before retiring is the best time to give it to them, as there are six or eight hours during sleep that the salivary glands are inactive, and fatty and starchy foods that may be lodged between and around the teeth are bathed in saliva, a partial digestive fluid, undergo decomposition, forming acids which act more or less readily on the tooth structure at the time of its formation. The salivary glands not active during sleep, acids are not diluted, as during day; a free flow of saliva prevents to a great degree the deleterious effects of acids thus formed.

APPENDICITIS AND SIMPLE LIVING.

Dr. Senn attributes the comparative immunity of the South Sea Islanders from attacks of appendicitis principally to their diet, which is laxative, easily dikested and not liable to cause fermentation in the gastrointestinal canal. Appendicitis does occur in these islands, but this disease is extremely rare as compared with the frequency with which it is met in Europe, and more especially in the United States. The Americans are the most injudicious and reckless eaters in the world, which goes far in explaining the prevalence of gastric and intestinal disorders among our people.—*Med. Standard.*

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Notes and Queries.

FOR this department we cordially invite questions, comments and criticisms on all topics of interest to the physician in his daily work for the relief of the sick, thus making the Summary a valuable medium for intercommunication between the medical profession.

Correspondents will give their names and addresses, but initials only will be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

RHUS TOXICODENDRON.

Editor Medical Summary:

The article on this drug in the October number is notable in calling attention to a neglected remedy—a mighty good one. The idea, however, that Homeopaths have anything to do with its virtues is all wrong—all the rhus tox. in all their medicines on this continent—condensed, concentrated, and put into one dose would have less than one grain or one drop of the agent, and would not hurt a baby a day old if he took it in a single dose. The Eclectics are the chaps to whom the praise is due, and they have done more for active concentrations than all the rest of the pharmaceutical mixers put together. It is a shameful fact, but a true one, that our vaunted dispensatory contains about half of what is really good, and half of that nowadays is adulterated so much as to make it useless. Of course, I know that that great book (in size), has a dreadful lot of stuff in it, but I mean that half of its contents is worthless as agents for repair. Then again, the unfailing output of new synthetic rot is working unthought of harm in the hands of the younger element who always take hold of the new things, and find out in about ten years that all is not gold that glitters. In the meantime (and it's a mean time for many of their patients) they lose much of their clientage because they skip off to older men who know what the radical and canonical drugs of the long-treasured kind are. Rhus is good for lots of things besides rheumatism, but it is "up against it" in all the varied list of pains such as muscular rheumatism, myalgia, lumbago, neuralgias, sciatica and the like. It is fine in many skin diseases, such as eczema, erythema, psoriasis and tinea. I have seen a toothache which defied all except the forceps get out after the third dose of a single drop dampness it is great. In tonsillitis it does stooping posture in mechanics exposed to dampness it is great. In tonsilitis it does well combined with chlorate. It is fine in ulcerated gums, with loosening teeth, used as a gargle, and a little allowed to slip down below once or twice a day. Always diulte it well, as it is hot stuff, particularly when combined with hydrastis. I have had several letters from readers about calcidin and one about the little paper on static electricity. As to calcidin, it is the absolute specific in croup—membraneous—and just here I want to say once more that diphtheria is no more related to croup than is a brownstone and the rings of the big planet so far away from us. I have often given the differential analysis of all the points concerned in the SUMMARY, and don't care to do so here. If you have a case of diphtheria don't squirt horse diphtheria into the kid—it is badly off enough—do as I have said many a time in this great journal. If it is croup give calcidin, and if is simply spasmodic laryngitis give the baby alum and syrup and cold water right afterward—once vomiting occurs all is serene. As to the letter about electric affairs I can't make out whether it is from a man in Philadelphia or where—the chirography is, to say the least, unique. I threw away the envelope before reading the epistle, so that can't guide me. All that I can make out is that he wants to know all about just what I wrote, but he wishes to know which machine is the best. If he lives here he might see Mr. Hoose, in the Mint Arcade, who can tell him the whole business. Vibration is all right if the machine is all right—the electric ones are better. The Victor, of New York and Chicago fill the bills O. K. That is the best I can do for my correspondent.

W. R. D. BLACKWOOD, M. D.
852 N. 23d St., Philadelphia.

MEDICAL TREATMENT OF APPENDICITIS.

Editor Medical Summary:

The following medical treatment has given me the best satisfaction: Apply tr. of iodine once or twice a day over the region of the appendix. Generally it is catarrhal, but if it be a fulminating case, only surgical treatment is in order. If catarrhal, I give one grain of creosote every four hours. Pure beechwood creosote is the remedy for catarrh. Cresote arrests fermentation and is

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a powerful antiseptic in the intestines. Salol, three grains three times a day is an excellent adjunct to the creosote. Give the creosote soon after food and the salol two hours later. It is all important that the secum should be well unloaded and for this as well as for an antiphlogistic to the congested mucous membranes there is no better cathartic than heaping teaspoonfuls of Epsom salts every four hours until the bowels are well acted upon. The pain should be quieted by quarter-grain doses of morphine. The Epsom salts will operate just the same—a difference from the most of cathartics. Some good practitioners prefer castor oil, but the salts cause cerous discharge and depletes the congested membranes of the bowels and prevents perforation. There seems to be a let up of all of the symptoms if olive oil in tablespoonful doses is given three times a day on an empty stomach, and two hours before meals. It appears to soothe the congested appendix and cecum, and is to say the least entirely harmless. The above treatment should be persisted in. It does not interfere with an operation if it should become necessary. On the contrary it prepares for one by unloading the bowels and by its antiseptic effect. If there are frequent recurrences of the disease it is to be presumed that a foreign substance is lodged in the appendix, and can only be removed by a surgical operation. While we are dealing with acute appendicitis let us not lose sight of the fact that this disease is highly infectious, and that it may be our turn next.

G. O. Smith, M. D.

Odessa, N. Y.

FISTULA OF THE RECTUM.

Editor Medical Summary:

In the October issue of your esteemed journal there is an article by Dr. Charles J. Drueck, under the above title, of which article I beg to say that it is incomplete, since it does not mention the fact, demonstrated by me, that simple and complete rectal fistula (which is not either syphilitic nor tuberculous), can be healed promptly, completely and permanently by means of carbolic acid gas application. This method of treatment was first described in the New York *Medical Journal* in January, 1903, and then in my book* cases successfully treated were demonstrated before two New York medical societies. This fact of such curability of the majority of rectal fistulas without operation cannot be taken out of the world, but it appears impossible to have surgeons acknowledge it.

The right to refuse the acceptance of new observations until they have been established scientifically in a way which excludes all doubt cannot be denied to the true and serious investigator. The incredulity, however, one has often to deal with is of a different character. Many will refuse everything which does not suit their systems, and it is most difficult to convince such men, because they will not take notice of new facts which are opposed to their accustomed views.

A. Rose, M. D.

1269 29th St., New York.

*Rose, A., Carbonic Acid in Medicine, New York. Funk & Wagnalls Co. 1905.

GUNSHOT WOUND THROUGH LUNG, LIVER AND KIDNEY WITH RECOVERY.

Editor Medical Summary:

December 28, 1897, about 5 P. M., I was called to the country to see Master Ralph C., aged 12 years, who, while rabbit hunting with a boy companion, had shot himself through the chest with a .22 calibre rifle.

He had been repeatedly told to be careful with the gun and not to climb fences with it. So, obeying instructions, he laid his gun down across the top of a hedge fence and crawled through a near by hole, and in order to pick his gun up again he had to take hold of the barrel with the muzzle pointing toward his body, and as he did so the hammer caught on a twig and discharged the gun. He felt a sharp, stinging pain in his side and back, and could feel that he was bleeding in that region. Knowing he was shot, he and his companion started at once for home, which was two miles away. After walking about a mile, carrying a gun and rabbit, he developed severe pains and began to feel sick and weak. He stopped at a neighbor's house and asked to lie down until they could send for me. On my arrival, about one and a half hours after the accident, I found him lying on a bed, complaining of severe pains in his back and sick at his stomach. Pulse was full and regular. He was given one-eighth grain morphine hypodermically, and in a few minutes he expressed himself as feeling good.

On examination I found a bullet hole in the right fifth interspace just inside the mammilliary line and one in the back, two and one-half inches to the right of the spine, just below the twelfth rib. Percussion showed the front

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hole to be about one and one-half inches below the upper line of liver dullness, and on auscultation numerous coarse, bubbly rales were heard over the wound, thus proving that both the liver and lung had been perforated, and as the hole in the back was in the normal location of the right kidney, it was very evident that the kidney had also been perforated. Consequently, a very poor prognosis was given.

The wounds were washed with a bichloride solution and dusted with equal parts of boracic acid and acetanilid and a binder applied. In a few hours he complained of pains, and was given morphine about every four hours during the night. Eight hours after the injury he passed about eight ounces of very bloody urine, thus proving the kidney had been perforated.

The next morning, December 29, I asked Dr. W. L. Smith, of Streator, to see the case with me, who confirmed my diagnosis and prognosis. We had the bloody urine as evidence of the injury to the kidney, and coarse, loud, bubbling rales could then be very plainly heard all around the wound. Patient resting well, with good hopes of recovery.

The powder dressing sealed the openings, which were left closed until they healed. Urine continued to be very bloody for three days; temperature on second and third days, 101; pulse, 100; after that it continued about 100 for two weeks, when it reached normal. The patient being permitted to get up at the end of the second week and returned to school the fourth week. He has remained entirely free from any effects of the injury.

E. E. Perisho, M. D.

Streator, Ill.

VARIOUS TOPICS.

Editor Medical Summary:

Before entering into the consideration of serious topics, here are two squibs of an amusing character worth reading. Read them:

A husband came home one evening to find a note left for him by his wife. Carelessly he opened it, but as he read his face blanched. "My God!" he exclaimed, "how could this have happened so suddenly?" And, snatching his hat and coat, he rushed to a hospital which was near his home.

"I want to see my wife, Mrs. Brown, at once," he said to the head nurse, "before she goes under the ether. Please take my message to her at once."

"Mrs. Brown?" echoed the nurse. "There is no Mrs. Brown here."

"Then to which hospital has she gone?" asked the distracted husband. "I found this note from her when I came home," and he handed the note to the nurse, who read: "Dear Husband:

"I have gone to have my kimono cut out.
"Belle."

Young Pillman's got a shingle out
Proclaiming him "M. D.,"
But from A. M. to late P. M.
His office is M. T.

The expedition of the School of Tropical Medicine, which has been in Brazil for nearly two years making researches regarding yellow fever, telegraphs that it has been proved that chimpanzees can be infected with yellow fever by means of the mosquito.

The discovery is considered to be of the highest importance.

Major J. G. McNaught, Sir Thomas Lipton's friend, who is a surgeon in the British army, has found, he says, a sudden death for typhoid fever germs, and it is nothing more or less than tea. Everybody should drink tea, the Major says, but he does not come out plainly and declare for the tea produced by the gallant Sir Thomas on his Oriental estates and distributed to the world by him.

Major McNaught explains that a typhoid fever germ will curl up and die in a cup of tea in short order. It must be prepared in the proper manner, of course. Do not, he warns, boil it too much, for this will bring out the tanin and stuff which isn't good. Soldiers ought to have tea in their canteens all the time, says the Major, because even sterilized water is liable to breed or absorb a germ, while tea will snatch a microbe bald headed.

A typhoid microbe that has been held down in a pit of tea for twenty-four hours is always found to be as dead as a salt herring, according to the Major, while a bath of four hours will make him a very sick germ.

British medical men have just notified the profession of America of the Major's discovery.

Heat, as every chemist knows, kills the bacilli and microbes of many diseases, so there is an element of truth in the Major's statement. Tea contains, besides water, tannin, coloring matter, etc., vegetable fibres and an alkaloid, theine, also vegetable albumen and cellulose. Hot water is both aseptic and antiseptic.

A Chicago doctor says the love instinct prompts men to select wives. This is followed by the birth of nervous degenerates, and goes a great way to fill up our sanitariums with nervous wrecks and imbeciles. The love instinct is largely passion and next to the de-

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sire for self-protection. It seems to be largely magnetic or hypnotic, and if man did not possess it no offspring would be produced.

Our Chicago doctor says if we want to get healthy children we should select our wives in the same way that the butcher buys meat or cattle—we must estimate the physical properties only. How! One word in reply, presuming the contention to be correct in a modified degree. How can we regulate our child training in such a way as to insure them against the wear and tear incidental to the unnatural, high-pressure environment of modern life?

We can, of course, turn out our issue in the fields, feed it upon simple food, clothe it simply, give it the elements of a common school education and a healthful trade, when old enough to learn it; but I doubt if we can prevent it from degenerating into a nervous wreck always, because such are produced by our modern life and environment. To change it we must alter human nature.

Man is largely a creature of his surroundings, and his mental and physical factors are hereditary. He is often handicapped by diseases which he inherits and were acquired by healthy parents and developed as a condition due to an improper way of living, or the dissipation, excitement and disregard for natural law. A man must learn, however, by experience, and precepts are never believed.

To sum up, let me say that the marriage based upon the physical law and the neglect of the mental or spiritual ones, while ideal, is, without doubt, impracticable.

LUIGI GALVANI DOANE, M. D.

New York City.

NOTES AND COMMENTS.

Editor Medical Summary:

The SUMMARY always contains plain and *usable* ideas. Its articles are short and to the point, free from padding and useless verbiage. It does not invade the realm of the hypothetical and ultra-scientific. It is always "meaty." Everyone who has valuable hints and ideas that promulgated would help others should report the same in a neat, concise little article. Also try to interest a medical friend or two in the SUMMARY so that they may become permanent readers and some of OUR FOLKS. Don't forget this, brothers.

Everyone feels constrained to say something on pneumonia these days, although there is not much new that is known on the subject. I will offer only a few homely hints. Eliminate through every excretion and emunctory. Keep the bowels empty and the tongue as moist and clean as possible. Give water abundantly; if boiled or distilled so much the better. Don't weight the patient down with sloppy things. Nourish him. Secure sedation and rest. This is best if done via the vasomotor system. Air, water and food are necessary; medicine an accessory. A certain amount of coughing is thought to overcome the tendency toward hepitization. The most useful drugs so far tested are: Calomel, salts, aconite, Dover powder, ammonia and strychnine.

I note an article on lumbago recently. This affection is not well understood, but is on the whole a muscular trouble along in the class with pleurodynia and cephalodynia. It cannot be generally classed as a rheumatism. The salicyliates do not help it much. Calomel and salts usually give prompt results. This would seem to point toward an autotoxic undercurrent. An anodyne liniment is always grateful to the patient. Cimicifuga, gelsemium and acetanilid may be useful.

Have any SUMMARY folks treated hernia by the injection method? Tell us what you did and the result.

Any fool can ask questions, but here are a couple that are "corkers": Why did not people prior to two decades ago have appendicitis? Why do the patients of country physicians who haven't the nerve but too much conscience to operate usually get well under non-surgical treatment? These questions imply their correct answers.

Turning over a few pages I see numerous "cures" for tonsillitis. Nearly every one has a routine remedy for this affection. There are astringent and antiseptic gargles and sprays galore. It is well before using anything to cleanse the throat with peroxide of hydrogen and hot water.

Chilblains, bunions, corns and other painful skin affections! Bok's balm is a very useful thing for these troubles, made by Core & Co., Chicago, and sold to physicians. It is put in handy collapsible tubes, and is cheaper than the doctor can bother compounding for himself. It will please you.

Freckles.—I've run out. The ℞ calls for a number of things. A strong bichloride solution is the best, but it's safer to let the girls rub their faces at night with hemisphere of a juicy lemon.

W. T. MARRS, M. D.

Peoria Heights, Ill.

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New Publications

We can supply any Medical book noticed in these pages or issued by any Publisher, on receipt of the publisher's price.

THE PRACTICAL MEDICAL SERIES, Comprising Ten Volumes on the Year's Progress in Medicine and Surgery, under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume VII, Pediatrics. Edited by Isaac A. Abt, M. D., Assistant Professor of Medicine, Rush Medical College. Orthopedic Surgery. Edited by John Ridlon, M. D., with the Collaboration of Gilbert L. Bailey, M. D. The Year Book Publishers, Chicago, Ill. 1906. Price of Series, $10.00; Per Volume, $1.25.

This series of year books, issued at about monthly intervals, ten in number during the year, presents a resume of the subject of which it treats of the year prior to its publication. Two hundred and four pages of the present volume out of the 266, the number the book contains, are devoted to the subject of pediatrics, which is as it should be, as the subject of pediatrics is the most interesting to the general practitioner. Both subjects, however, have received the best of attention in this small volume, presenting comprehensive abstracts of the most important papers, clinical reports and laboratory investigations published during the past year.

GENITOURINARY DISEASES AND SYPHILIS. By Henry H. Morton, M. D., Clinical Professor of Genitourinary Diseases in the Long Island College Hospital; Genitourinary Surgeon to the Long Island and Kings County Hospitals, and the Polhemus Memorial Clinic. Illustrated with 158 Half-tone and Photo-engravings and 7 Full-page Colored Plates. Second Edition, Revised and Enlarged. Royal Octavo, 500 Pages. F. A. Davis Company, Publishers, Philadelphia. 1906 Price, Extra Cloth, $4.00.

Genitourinary surgery has made greater progress during the past ten or fifteen years than any other branch of surgery or medicine, perhaps, and during this time the treatment of acute and chronic gonorrhea has been removed from mere empiricism and placed upon a scientific and rational basis. Investigation has made this possible, the results of which have been such as to give us definite knowledge of the micro-organism concerned.

Among the more recent advances in genitourinary surgery may be mentioned the development and perfection of the surgical operations for prostatic hypertrophy, as well as an understanding of pathological anatomy. The inflammatory affections of the prostate have also been more fully studied, and the knowledge of the surgical diseases of the kidney, as regards to diagnosis and treatment, has been increased considerably. All this increase of knowledge since the appearance of the first edition of this work has been fully covered in this, the second edition. In addition to the new material added, many chapters have been entirely rewritten, thus bringing the volume up to date in every respect. In an appendix, covering about eight pages, we have presented the best methods in vogue at the present time for the staining of specimens and the examination of discharges, and we consider this a commendable addition to the work.

We find this work well illustrated, a large number of plates being original, and some of them are printed in colors. The student of this work will be impressed with the sincerity and earnestness of the author, and all will, without doubt, derive much benefit from its careful perusal.

A PRIMER OF PSYCHOLOGY AND MENTAL DISEASE. For Use in Training Schools for Attendants and Nurses and in Medical Classes, and as a Ready Reference for the Practitioner. By C. B. Burr, M. D., Medical Director of Oak Grove Hospital (Flint, Mich.) for Mental and Nervous Diseases; Formerly Medical Superintendent of the Eastern Michigan Asylum; Member of the American Medico-Psychological Association; of the American Medical Association; Foreign Associate Member Societie Medico-Psychologique of Paris, etc. Third Edition. Thoroughly Revised, with Illustrations. Pages viii-183, 12mo. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia. 1906, Extra Cloth, $1.25 net.

This small volume of less than 200 pages treats the subject in an able and lucid manner, the author having had much practical experience with mental and nervous diseases can, therefore, speak with authority, and his little book should not fail to interest all students, as well as practitioners of medicine. The present is the third thoroughly revised edition. The book is divided into five parts. Part I treats of Psychology; Part II on Insanity; Part III on Management of Cases and Insanity, Part IV on Management of Insanity from the Nursing Standpoint, etc.

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THE EAR AND ITS DISEASES. A Text-Book for Students and Physicians. By Seth Scott Bishop, B. S., M. D., LL. D., Honorary President of the Faculty and Professor in the Post-Graduate School and Hospital of Chicago; Surgeon to the Post-Graduate Hospital and to the Illinois Hospital, etc. Illustrated with 27 Colored Lithographs and 200 Additional Illustrations. Royal Octavo. 400 Pages. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa. Extra Cloth. Price, $4.00, net.

In the author's eminently practical work on "Diseases of the Nose, Throat and Ear" the limited space necessarily devoted to the ear, in order to keep the book within certain limits, was so abridged, containing no divisions of the anatomy and physiology of that organ, and although the work has been immensely popular, yet some teachers recommend it as a text-book on the nose, pharynx and larynx, rather than on the ear, and this is just what, partly, induced the author to write a separate volume on the ear. The present volume presents the subject of the ear and its diseases in a thoroughly practical manner from the standpoint of a practitioner and teacher who has had vast and extended experience, treating thousands of cases in this particular specialty, and he presents the subject divested of all unnecessary and confusing verbiage in a truly fascinating manner. Among the topics discussed are the anatomy and physiology of the ear, the examination of patients, compressed air apparatus and their uses, and methods of producing compressed air. The various diseases of the ear are considered systematically —their pathology, etiology, symptomatology, diagnosis, prognosis and treatment. Other subjects are the extension of ear diseases to the cranial cavity, the mastoid operations, mastoiditis resulting from epidemic influenza, the ill effects of various diseases and drugs on the ear, a general consideration of diseases of the ear, nose and throat based on a study of 21,000 cases, sprays and inhalants, aneoid growths in the vault of the pharynx, and, in an appendix, formulas for remedies.

In conclusion, allow us to state that no practitioner will make a mistake by adding this volume to his library, however well equipped with practical works it may already be.

Second Report of the Wellcome Research Laboratories at the Gordon Memorial College, Khartoum. Andrew Balfour, M. D., B. Sc., F. R. C. P. Edin., D. P. H. Camb., Director, Department of Education, Sudan Government Khartoum, 1906.

This is a finely printed, large size, volume of about 250 pages, containing numerous illustrations, many of them in colors, and altogether presenting a very accurate and exhaustive report of the Research Laboratories connected with this institution, showing the progress made in dealing with malaria, sleeping sickness and various other tropical diseases, together with the work done in respect to pests which attack food and textile-producing plant life.

A remarkable amount, indeed, appears to have been accomplished at these laboratories in the short space of time since their establishment, only a few years ago, and, by the way, it may interest our readers to know that the founder of these laboratories, Mr. Wellcome, and the Chief of the Chemical section, Dr. Beam, are Americans. The purposes of these laboratories are:

a. To promote technical education.

b. To promote the study, bacteriologically and physiologically, of tropical disorders, especially the infective diseases of both man and beast peculiar to the Sudan, and to render assistance to the officers of health, and to the clinics of the civil and military hospitals.

c. To aid experimental investigations in poisoning cases by the detection and experimental determination of toxic agents, particularly the obscure potent substances employed by the natives.

d. To carry out such chemical and bacteriological tests in connection with water, foodstuffs, and health and sanitary matters as may be found desirable.

e. To promote the study of disorders and pests which attack food and textile producing and other economic plant life in the Sudan.

f. To undertake the testing and assaying of agricultural, mineral and other substances of practical interest in the industrial development of the Sudan.

That the treatment of functional constipation by the physician of to-day is almost entirely dietetic and hygienic indicates the trend of medical opinion on the cause of this condition. To the use of improper food, or proper food, improperly prepared and too quickly eaten, may be traced most causes of constipation. A common error of diet is the eating of food that is too concentrated—this applies particularly to our old enemy, white bread, and to other foodstuffs made from white bolted flour, which contain nothing to stimulate normal peristaltic activity of the intestines.

The whole wheat food Egg-O-See is a valuable addition to the diet of these patients, as it contains sufficient of the cellulose of the grain to insure normal irritation of the intestinal walls and gives to the food the requisite bulk. Egg-O-See, fruit, fresh vegetables and the free drinking of pure water are valuable auxiliaries in overcoming constipation.

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Summary Gleanings.

In palpitation, from whatever cause, small doses of cactus grand,

Tumors of the breast appearing after the menopause are nearly always malignant.

The *Lancet* says there are no circumstances in which it is necessary to induce an abortion.

Potassium bromide is advised in minute doses for those who are continually catching cold.

For irregular menstruation of all kinds give half a teaspoonful of pulsatilla every four hours.

Eruptions on the face from whatever cause are relieved and often cured by berberis aquifolium.

Turpentine is recommended as a deodorant for the hands and instruments after iodoform has been used.

A tablespoonful of cream several times a day before feeding is often curative of congenital constipation.

Dr. Murrel recommends the oil of amber both internally and externally in the treatment of whooping-cough.

Nursing Times states that nurses would do well to take as their motto advice given 2000 years ago: "Be pitiful, be courteous."

Geranium will be found an invaluable remedy in any form of hemorrhage. It is also useful in contusions.

The powdered root of phytolacca dec. applied frequently to the slough of a carbuncle will work wonders.

One drop of the tincture of origanum four times daily will be found most efficacious in nymphomania.

Salicin, five grains every three hours, is a most valuable remedy in acute rheumatism and in all muscular pains.

There are at least two conditions in which salicylate of sodium is pre-eminently useful, acute articular rheumatism and tonsillitis.

It is authoritatively stated that salicylate of sodium is an excellent remedy for itching of the skin so common to the beginning of the cold season.

In persistent hiccough try one-grain doses of the monobromate of camphor, as it is claimed that excellent results have been obtained from its use.

Locally, salicylate of sodium may be used with decided advantage in chronic pharyngitis and in chronic catarrh.

A tape-line formation of the feces is almost pathognomonic of stricture of the lowest three inches of the rectum.

A decrease in the quantity of urine during the administration of digitalis is a warning sign of cumulative effects.

In flatulent dyspepsia at the menopause, give a teaspoonful every three hours of a mixture of three drams of helonias in three ounces of water.

The value of heat in relieving pruritis is universally recognized. A hot sitz bath or the application of hot compresses often confers immediate ease.

Dr. Davis employs oil of mullein in five-drop doses three times for enuresis, withholding water or fruit for three or four hours before bedtime.

The frequent, urgent desire to urinate in old men, with some mucus discharge, is relieved by fifteen minims of specific equisetum every three or four hours.

Over and over again, says Dr. W. E. Deeks, one finds acute articular rheumatism, tonsillitis or neuritis, following excesses in sweets and subsequent exposure to cold.

Fluid extract saw palmetto is a specific for enlarged and inflamed prostate. Occasional doses of potassium iodide will greatly facilitate the cure in old chronic cases.

Dr. S. D. Sour writes: I have recently been using the balsam of Peru in a bad case of running ear, and it acted finely, and think it is going to make a complete cure.

A symptom of diabetes, which often appears, even when only a small quantity of sugar is present, is cramps in the calves of the legs.

Collinsonia is claimed to give excellent results in sore throat and cough induced by the overuse of the voice; given in doses of from 10 to 15 drops of a reliable fluid extract every two or three hours.

In an instructive paper entitled "The Toilette of the Stomach," in the Carolina *Medical Journal*, Birchmore treats of morning gastric distress due to morbid duodenal material caught by the duodenal sphincter and regurgitating into the stomach.

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THE MEDICAL SUMMARY

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

Vol. XXVIII

R. H. ANDREWS, M.D., Editor & Proprietor

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Office of the Secretary
WASHINGTON

November 1, 1906.

The Antikamnia Chemical Company,
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Gentlemen.—

Your guaranties as to the character of the materials manufactured and sold by you, given in accordance with Circular 21 of this office, has been received, found to be in proper form and is regularly filed. The serial number attached thereto is No. 10.

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W. M. HAYS, Act. Sec'y.

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R. H. ANDREWS, M. D., Editor. 2321 Park Avenue, Philadelphia, Pa

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This journal has an extensive and constantly increasing circulation, is substantially established, and therefore presents to business houses, desiring to reach the rank and file of the medical profession throughout the land, a most valuable advertising medium.

Entered at Philadelphia Post-office as second-class matter.

THE EMETIC.

The emetic is not nearly so popular with physiciains now as it was at one time. However, many patients would have their sufferings materially shortened if emesis were produced oftener than it is. In the ordinary case of gastritis or gastralgia, it is the custom for the physician to promptly insert a little morphine under the patient's skin with the hypodermic needle. This soon lulls him into insensibility, but he is as yellow as a Chinaman the next day and his restoration to normal health prolonged a day or so thereby. After all the old-time treatment of such a case in administering a teaspoonful of powdered ipecac was not so bad. The emetic should not be discarded entirely. Ipecac, mustard and salt water are old-fashioned, but very efficacious.

APOMORPHINE.

This is one of our best emergency drugs. The dose is, for children, 1-40 to 1-20 grain; for adults, 1-20 to 1-10 grain. The minimum dosage, combined with morphine has a synergistic effect with that drug without producing emesis. Where vomiting is not desired the patient should not get over 1-20 grain. In all spasmodic conditions apomorphine is indicated. It is the ideal emetic where quick action is desired. A few of the special indications for this drug are: Asthmatic seizures, severe bronchitis, choking, infantile convulsions, croup, etc. For hysterical paroxysms it is a *sine qua non*. It is the one drug that ought to be used oftener hypodermically than all others. If you haven't a few apomorphine tablets with your hypodermic case it would be well to get them now.

POINTS IN PNEUMONIA.

Dr. M. G. Price, in closing a pneumonia article in *Therapeutic Record*, says:

"Give as little water as possible, as there is already as much fluid in the body as the heart can take care of.

"Avoid emotions and exertions. A delirious patient got out of bed and climbed up-stairs, falling dead at the top. Heart failure!

"The use of whisky is a snare and a delusion. It does nothing but harm.

"The heart will not fail if the fever is kept down. Sometimes it is necessary to use cold to immediately control hyperpyrexia. A towel

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fession. Railroads and other large concerns found that intemperate men were instrumental in helping to kill people, and it always hurts business to kill people. It was also discovered that in labor, where skill, precision and endurance are required the drinking man's nerves are all wrong. He got tabooed on so many sides that this spirit of antipathy for the drunkard has at last reached the medical profession—where it should really have first started. It is a rare thing these days to see a dissipated doctor—so rare that the knowledge of one brings forth comment. We are not given to uttering platitudes or handing out advice as to how SUMMARY readers may keep in the straight and narrow path, but facts like these talk very loudly. Doctor, if you are given to bibulous habits, accept our "motherly" advice here and now, and "cut it out."

COMMON COLDS.

People usually attribute taking cold to exposure, getting their feet damp, etc. This, however, is only the exciting cause. Many persons whose work keeps them constantly exposed to the elements never have a cold. A volume might be written concerning the factors of causation in common colds; but, on the whole, and in a word, it is an impairment of the function of excretion and elimination. The Schneiderian mucous membrane is the first to bear the brunt. The weeping membrane is simply a vicarious elimination. In the treatment, every gland and emunctuory should be made to do its whole duty. Cathartics are always indicated. It is probable—we are almost afraid to say it—that both quinine and whisky may do more harm than good. They both disturb and pervert the function of secretion and excretion. A remedy much vaunted at the present time is thirty minims of spirits of nitrous either and the same of aromatic spirits of ammonia in an ounce of water every hour or so. The usual sprays and inhalations of cocaine, menthol, etc., are very grateful to the patient. It is generally conceded that the quickest way to break a cold is to go to bed and stay there. The sufferer should not subject himself to changes of temperature. A cold bath will sometimes abort a very promising cold. Persons who have undergone immersion in winter when the water was colder than freezing assert that they were thereby cured of colds. Nearly every physician has a routine method of treating colds, but we should all strive to add something to our clinical knowledge of this affection. It is the most common ailment we are called upon to treat, and is often a precursor of other and more serious troubles.

CHRONIC CYSTITIS.

Chronic inflammation of the bladder seems to be the common heritage of the majority of men who have reached the age of fifty or sixty. It is one of the common troublesome ailments of the female sex as well. In chronic cystitits the mucous membrane of the bladder becomes infiltrated and thickened and covered with purulent secretion. When this thickening and exudation becomes marked about the neck of the bladder the sphincter vesical and contiguous muscles do not properly functionate, and the patient has much difficulty in voiding his urine. The sphincters do not contract as they should, and thus there is retained a little more than the usual quantity of residual urine. This is likely to become ammoniacal in character and may in time cause erosions of the bladder membranes as well as producing general autotoxic symptoms by absorption.

Among the conditions conducive to cystitis we may mention exposure to wet and cold, enlarged prostate, calculus, tumors, stricture, uterine affections and a general atony of the urinary viscus, as well as paralysis affecting the spinal centers. Irritating drugs have produced chronic cystitis, as turpentine, cantharides, balsam of copaiba, etc. Enlarged prostate gland is usually ascribed as being the cause in men who have passed the meridian of life, but as a matter of fact this condition is only one of a number of causative factors in this affection. If enlarged prostate or central nerve lesion be the cause the treatment can be little more than palliative. Each case should be individualized for study. While the sufferer may have trouble all the time in passing his urine, yet there are paroxysmal attacks during which the symptoms are all greatly aggravated. When the immediate removal of the cause does not seem possible it may be necessary to call the catheter into requisition. This is quite often imperative, as the pain and micturition do not subside until the bladder contents are thoroughly evacuated. The intervals between the use of the catheter should be gradually lengthened until the patient is able to pass his urine unaided. The clearing up of the urine is a pretty good indication that catheterization is no longer essential. Catheters of soft India rubber should be

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the kind employed. An antiseptic lubricant should always be used, glycerite of borax perhaps being as good as any. It is no uncommon thing to see patients who are in the habit of using the catheter disregard ordinary cleanliness, leaving the instruments where they can be contaminated by dirt, flies, etc. When it is necessary to tie in a catheter a good rubber one should be used.

Washing out the bladder gives good results in many cases. A large number of antiseptic and astringent agents are used for this purpose. Boracic acid, two or three drams to the pint of hot water, is the one that finds the greatest favor. It certainly is the least irritating. Perhaps normal salt solution is nearly as efficacious as any other agent that may be used for this purpose. Many drugs have been used internally with a view to toning up the bladder and producing a normal reaction of the urine. The best neutralizing drug is perhaps boracic acid in five or ten-grain doses three or four times daily. It is surprising often to note the magical results of this drug in cases characterized by painful, burning and difficult micturition. In such cases it is almost a specific. Acetate of potash is also a cooling diuretic. An opium suppository will afford great relief in severe acute attacks. It should not be forgotten that the drinking of pure water abundantly is nature's way of producing diuresis. Stimulating drugs and foods should be tabooed.

WHAT WILL THE PROFESSION THINK?

In an ironical editorial article under the above caption in *The Medical Era* the editor scores several very prominent St. Louis practitioners for the flagrant and public advertising they get through a fulsome "puff" in a large special issue of the *St. Louis Republican.*

It is surely a very efficient display of the weaker side of human nature if these medical gentlemen were cognizant of the fact that these laudatory notices would appear in this journal in which all the advantages of the thriving metropolis were to be "boosted" with all the force and power and display of which a large and enterprising newspaper is capable.

It is absolutely futile to deny the serious infraction of medical ethics in this episode in which these exponents of ethics are concerned; and no doubt censure—possibly punishment—quick and condign would have followed an indiscretion by less prominent members of the same medical society with which these greater lights are affiliated.

They most assuredly stand in a position that demands a large and explicit explanation.

AQUA AMMONIA.

This is at times a most valuable emergency remedy. The drug of late years has been so commercialized that its place as a therapeutic agent has been somewhat usurped. When the consumptive in the last hours of his existence is struggling and fighting for his waning breath the fumes of aqua ammonia—not too strong—will bring him some relief. In pneumonia and other conditions of harassed breathing a little of it should be placed quite often in boiling water in the sick chamber. It softens the atmosphere as nothing else does. In case of syncope, cardiac depression, hysteria and many other emergency conditions aqua ammonia may find a useful place. In spasmodic croup a little ammonia may be added to water and cloths wrung out of this and placed about the cheld's neck and chest. Much quick relief may thus be afforded while systemic remedies are taking effect. The cheapness of this drug, together with its efficacy when so used, makes it one of the ingredients of plain liniments. Aqua ammonia has also been used from time immemorial for bee-stings.

LITTLE SUMMARIES.

Send us in your experiences. Write briefly and to the point. We can do all our own preaching; we do want your ideas, however.

Some doctors never cast their bread upon the waters. They don't believe in wasting bread by putting it out to soak.

Weeping is with women a vicarious sort of swearing on extreme occasions. For example, when her clothes-line, loaded with immaculate garments, falls down in the mud.

Drinking habits accentuate a man's good qualities. This misdirected praise often makes a fool of him. It may bring some business to a man to be a "good fellow," but the law of compensation is inevitable.

Try to get on affable terms with your competitor. He may be able to do you a good turn when you least expect it.

When a girl gets so she can eat plain grub it is a pretty good sign that she is recovering from her attack of unrequited love.

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Original Communications

BRIEF and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases are solicited from the profession for this department.

Articles contributed for the Summary must be contributed to it exclusively. The editor is not responsible for the views of contributors. Write plainly and only on one side of the paper.

THE X-RAY.

BY GORDON G. BURDICK, M. D.

The announcement of Roentgen's discovery attracted the attention of mathematical physicists all over the world, and they began to investigate the character of the bodies within a tube pumped to a Crooke's vacuum. Prof. Thomson, now Lord Kelvin, ascertained that the bodies which went to make up the cathode stream were 1-1000 times smaller than the hydrogen atom. He accomplished this by calculating the arc of the curve while the stream was deflected by means of a magnet. He was able to demonstrate that these particles carried an electrical charge, and by suddenly arresting them in their flight by means of a refractory substance, a series of longitude waves or pulses were given off which we still call the Roentgen Rays. Similar rays, but much less penetrating, may be obtained by polarizing a large sheet of aluminum or platinum and discharging a small condenser in a shunt circuit. Something of practical value may come from this method in time, but at present it is a scientific curiosity.

His investigations satisfied him that the small bodies were not fragments of an atom, but that the atom was a compound body, made up of a certain number of these bodies, establishing an electrical equilibrium. He conceived of the atom as being made up of a definite number of these bodies, and computed the hydrogen atom as containing 1000, the oxygen atoms as 16,000, etc., and by multiplying the atomic weight by 1000 it will give these bodies a definite place in the molecular theory. He supported the old alchemist's theory, that all elements had a common origin, or that matter in this form was common to all elements.

These bodies are called corpuscles, electrons, and when charged and in motion between poles are called ions, or anions when they are moving away from the positive pole, and cathons when leaving the negative pole. Frequently, however, they are used synonymously, and cause considerable confusion in electrical articles.

The discovery of radio-activity by M. Henri Bacquerel, and later radium by M. de Curie gave an impetus to investigation along these lines. The invention of the spinarascope, a small tube containing a small quantity of radium, with its interior coated with sulphide of calcium, and a magnifying eyepiece, demonstrated that this rare element was undergoing a spontaneous disintegration, and a beautiful display of fireworks was observed as the screen was bombarded by the exploding atoms.

Prof. Ramsey, while examining the spectrum of the emanations of radium, observed them to change under his eyes to the spectrum of helium, an element that is far removed from radium in the periodic scale. This is the first known translation of one element to another, and has concentrated the mind of the scientific world upon possible methods of carrying out further work along this line.

Prof. Rodin, of Paris, has succeeded in obtaining corpuscles in solution by passing an alternating arc current between silver or platinum electrodes in distilled water, and carried on numerous physiological experiments to ascertain their properties. He found that they were closely related to the enzyme, and had cataletic properties; in other words, they would cause changes to take place by their mere presence, without entering into the combination, as the presence of pepsin within the stomach causes the change in the food we eat, which we call peptons, no change is observed in the pepsin, but its presence is necessary in order that the change may take place.

Cataletic Properties of Matter.—It has been known for many years that matter in certain forms had the property of imparting energy, and by their mere presence cause chemical combinations to take place. If we pass a current of electricity through water we find that gas is given off at each pole, and if collected we discover that one pole gives off twice as much by volume as the other, and if we investigate the properties of the gas in each container we will find one of them with an atomic weight of one, intensely alkaline in reaction, with a negative charge which will burn with a blue flame, or explode if mixed with air and ignited; therefore, we know that the greatest amount of gas is hydrogen. If we ascertain

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the properties of the other, we find its atomic weight as 16, intensely acid in reaction, with a positive electrical charge, and while it does not burn, it will support combustion, from which we know that we have oxygen gas. Here we have a disassociated compound, and find it made up of two dissimilar gases—one acid and the other alkaline—one positive, the other negative, and naturally having an intense affinity for each other; still we may mix these gases in one container with perfect impunity, and they will remain there for ages without forming a combination, because something is lacking, and that something is energy in some form. We may apply this in many ways, as by means of a flame with the electric spark, or by means of a spongy platinum, so we learn by applying energy in any of these forms the affinity these two gases have for each other. They combine with terrific violence, and we have succeeded in completing a cycle in the molecular theory by tearing a compound apart and measuring and weighing its parts, and recombining them again in their original form. If we pour alcohol over a piece of spongy platinum we get acetic acid; the platinum does not enter the combination, and is not changed in character, but does increase in temperature. When we make sulphuric acid we find it necessary to line the retort with lead, not that the lead enters into the combination, but it has been found impractical to make it in paying quantities without its presence. There are a great number of these cataletic substances through nature, and a study of them may solve the formation of the different elements from the corpuscles.

The Roentgen Ray.—The series of pulses given off from a tube exhausted to a Crooke's vacuum is due to the energy of the cathode stream being absorbed by some refractory substance, as metal, crystal or glass, being interposed in the path of the stream. The energy of the cathode stream being a negative electric charge, the bodies are driven by the cathode and attracted by the positive target, and travel at a rate of speed much faster than anything that was known in physical phenomena heretofore. Upon their sudden arrest by a refractory substance they deliver their negative charge, thereby lowering the potential of the target just so much, and by acquiring the positive charge at the same time they are reflected at right angles to the plane of the target. When we vary the potential of the highly-polarized targent a series of impulses or waves are given off to the surrounding medium that is usually termed the ether—the target, in other words, acts like a minute condenser which is charged and discharged within a vacuum. Remembering these facts, we can explain the phenomena that we call the X-ray in a practical manner, so that by using judgment we can obtain any length of wave that we may desire for use in a certain case. The degree of penetration of the X-ray tube depends upon many factors; first, the degree of exhaustion; second, the resistance the tube offers as a conductor; third, the construction, as the character of the glass, its thickness, etc., etc. A tube undergoing a process of exhaustion must be attached to a transformer, or some source of high potential current, in order to drive off the gas that is contained and occluded within the electrodes, and the tube must be heated in order to drive off all moisture from the walls of the tube. By this means we succeed in getting a vacuum that is stable. If this process is omitted the vacuum is destroyed the first time the target is heated, due to the liberation of its contained gas. The exact distance between the cathode and the target must be calculated to a nicety, as a 1-16 of an inch will vary the limits of the waves through a wide amplitude. In practice it has been found sufficient to place the target 1-8 of an inch farther than the theoretical focus of the curved cathode electrode to obtain a first-class ray for skiagraphic work, while a distance of 1-4 of an inch makes the best all-around tube for treatment purposes. By this means we cut down our penetration, but obtain a ray that is under better control of the operator.

Bohemian glass containing an oxide of copper has been found to be the most efficient in its output of rays, while lead glass will absorb nearly all effective radiation. Other things being equal, a tube with an anode, target and cathode is much more effective than one containing an anode and target, owing to the fact that a separate path is provided for the positive corpuscles around the inside wall of the tube, and preventing their interfering with the cathode stream. If we connect the tube in series with our machine we can measure the parallel resistance by allowing a spark to pass over a separate circuit, and by this means arrive at an approximate resistance of the tube. A low tube will give a resistance of from 3-4 to 1 3-4 inches, and a medium tube from 1 3-4 to 3 3-4 inches, while a high tube will run from 3 3-4 to 7 inches. The effect of this resistance causes the generator to develop a higher electro-motive force, which causes the bodies to move more rapidly within the tube, thus increasing our degree of penetration as the

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resistance of our tube increases. We find, however, that we can get the penetration without using so high a degree of exhaustion, which gives us more moving bodies and, at the same time, gives us a greater output of the rays. If we place a spark gap in series with the tube it has the same effect upon the generator as a greater exhaustion within the tube, so that we get the same speed of the corpuscles as we did before, but have a tube that can carry a greater volume of current. This has been found good practice with operators who are using open or closed transformers for X-ray work, as all of these instruments give a certain amount of reverse current, so that the target may become the cathode for an instant during each period of the alternating current, and as all of these targets are made of platinum, a certain amount is thrown off upon the walls of the tube, and as it combines readily with the negative corpuscles, we find our vacuum rapidly getting so high that we can force the current through the tube only with difficulty; secondly, the walls of the tube become blackened by the deposits of platinum, that it absorbs the greater amount of the effectual radiation.

The spark gap acts as a valve when used in connection with the vacuum tube, and allows a very small amount of current to go in the wrong direction. The amount of X-ray depends upon the quantity of current the generator can force through the tube, as well as its output in milliamperes. A long series of experiments has shown that the different tubes are capable of absorbing current all the way from 1-2 to 14 milliamperes, the higher tubes taking less current than the lower. The quantity of Roentgen rays depends upon our ability to move a greater or less number of corpuscles at one time, so that low tubes taking the greatest amount of current is the richest in its output of ray, therefore more caution must be used in their manipulations to avoid danger, as it must be apparent that with a low tube taking 14 milliamperes for the same time of exposure we are getting at least 14 times the amount of X-ray that we do with the higher tube, which only takes one milliampere. Distressing and painful accidents have occurred to patients because operators have failed to recognize this obvious fact.

The use of medium or high tubes for skiagraphic purposes has been in general use for the simple reason that a better differentiation of tissue takes place where a tube is exhausted so as to give a resistance from 2 1-2 to 5 inches, owing to the fact that a tube of this character does not contain as many bodies as a lower one, and when they are driven under the electric current they travel in straighter lines, not being diverted from their path by the numerous other bodies that the tube contains, and which may not be doing useful work; while with radiotherapeutic technic we do not care about the differentiation, but require a ray to pass into the tissue for a certain distance and stop where we want changes to take place. For this reason we use a low tube for this purpose, and regulate our penetration for each case by means of the spark gap.

The Physiological Effect of the Ray.—Many investigators have been at work investigating the effect of the ray upon organic tissue, and have come to different conclusions, while investigations under my own direction have shown that we have in the X-ray a compound ray, and for practical consideration it may be divided into three rays, which I will name Alpha, Beta and Gamma. The Alpha ray is produced by positively charged bodies that pass from 4 to 8 inches from an X-ray tube, and the lower the tube the greater is the volume of this ray that is given off. This ray is destructive to all organic life. It will kill normal tissue, as well as bacteria, and must be used with extreme caution. In small doses it causes an inflammation, with more or less exudation of lymph, which if not pushed too far the parts will recover. The inflammation is preceded by an itching, followed by smarting, and later pains of an aggravating type, which gradually grow worse until the reaction has fully developed. The hair is loosened from its follicules, and if the skin is examined by a powerful glass when the itching begins each follicle will present a pouting appearance, with considerable redness, these gradually coelesse until they form a junction, when we have a dermatitis, and when this subsides atrophy of the follicles takes place and the skin has a leathery feeling, which gradually fades out after a few months, leaving a smooth skin with a dwarfed epithelial layer. If the dose is increased masceration of the skin occurs, followed by an obstinate neuritis that resists all known remedies as far as relief of pain is concerned. Its effect upon bacteria is pronounced—a culture taken from a surface that has been under the radiation can only be grown with great difficulty, and in a few generations die out or loose their power to infect animals. We use this ray in the treatment of lupus, sycosis and superfluous hair, also for localized epithelioma. The Beta ray should be regarded as the true X-ray. It

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has an intense chemical effect, and consists of numerous negatively charged bodies passing away from the tube. It will pass to a distance of approximately 14 feet. Its physiological effects are probably chemical, bringing about some change within the cell that prevents its proliferation, and if carried far enough will cause a degenerative change, owing to the inability of the cell to reproduce itself. It will not only render the cell sterile, but the individual as well, and absolutely prevent eggs from developing. This ray is used to make skiagraphs, and to treat cancer where it is of considerable size and where it is below the surface.

The Gama ray is an electro-magnetic pulse in the surrounding medium. It causes fluorescence and unquestionably causes the cells to oscillate and give off light. It has been detected about an eighth of a mile from the apparatus, and under certain conditions will pass through any known substance. Its effect upon organic tissue is that of a stimulant, cells proliferate readily, bacteria flourishes, while the diseased tissue absorbing more than the normal tissue is disintegrated and disappears. It is of the greatest value in sarcoma, tuberculosis, mycosis, fungiodes, acne, eczema, pruritus and rodent ulcers.

74 Madison St., Chicago, Ill.

(To be continued.)

DOC JONES.

BY W. T. MARRS, M. D.

Text: "Doc Jones would be the best doctor in the country if he would only let whisky alone."

Doc Jones is the best doctor that ever struck the town,
In fact, he is the very best in all the country 'round.
When I am sick I know with Doc I'd rather risk my fate,
I'm sure that he will pull me through if we can keep him *straight.*
I told Doc when he come here some seven years ago,
To stay right by his knittin', for practice would come slow;
He tuk me at my word, and right here he has stuck,
And I am here to say that Doc has had the best of luck.
Both fur and near they've sent for him by night as well as day,
And Doc would be a rich man now if all the folks would pay.
Yes, Doc's got to drinking some, but, then, he's not to blame,
For the way that man has to hustle 'round is just a mortal shame;
And then I know it is a fact, or, at least, so *I* think,
The smartest men the country has jest allus takes to drink.
Some folks has it in fur Doc, but I jest calkilate
He will pull the worst case through, if you can only keep him straight.
Some folks said the Smith child died from Doc Jones' colic stuff,
But he said they'd orter left it off when the kid had got enough;
The Brown lad has a crooked wrist, but that is not Doc's sin—
Doc set it right, but the frisky kid just broke the bone again.
Although Doc may be pretty full, he need not cause alarm,
He allus does his work so-so and never does no harm.
Doc is a splendid mixer, and evenings down at Wes' store,
He jokes about his patients and keeps us in a roar;
Doc is a jolly cuss—jest the other night he said,
"What's the use of some folks livin', when they'd jest as well be dead?"
No, Doc jest cain't quit drinking—he's often told me so—
It's *inhurited,* for his father used to drink long years ago.
But I say Doc Jones is 'bout the best that ever struck the town,
In fact, he is the very best in all the country 'round;
When I am sick I feel with Doc I'd rather risk my fate,
I know that he will pull me through *if I can only catch him straight.*

Peoria Heights, Illinois.

HEMORRHOIDS.

BY CHARLES J. DRUECK, M. D.

Hemorrhoids are briefly described as varicosities of the anal or rectal blood vessels, and are divided into two great classes—the external and the internal varieties. A few writers have called the external hemorrhoids blind piles, in contradistinction to the bleeding variety or internal. This is obviously a poor

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differentiation, because it does not define the condition.

An external hemorrhoid is one that originated in the subcutaneous vein, near the anal margin, is a branch of the inferior hemorrhoidal plexus, and is therefore outside of the sphincter. As it develops it may be partially covered with mucous membrane, but the hemorrhoid does not belong within the rectum, and cannot be retained above the external sphincter.

An internal hemorrhoid originates in a submucous vessel within the rectum, and by its development is finally forced past the external sphincter and so protrudes. It can be replaced above the sphincter, although it may not remain so placed. After the hemorrhoid has been exposed for considerable time the mucous membrane dries and resembles skin to such a degree that the tumor may be mistaken for an external pile.

This differentiation of the varieties of hemorrhoids is not simply one of position relative to the sphincter, but a different blood system is involved. An external hemorrhoid is a varicosed inferior hemorrhoidal vein and belongs to the general venous system; an internal hemorrhoid is a varicosity of the middle or superior hemorrhoidal vein and is a part of the visceral venous (portal) system; but the free anastomosis which exists shows how little one's system may be affected without involving the other.

External Hemorrhoids.—External hemorrhoids are divided into the Thrombotic and cutaneous varieties. In appearance they are very different, but in reality are but different stages of the same pathological condition.

Thrombotic Hemorrhoids.—A thrombotic hemorrhoid, if found anywhere else about the body, would be called a blood blister. It is caused by the extravasation of blood from a ruptured vein into the soft folds of skin about the anus. The blood poured into the tissue distends the skin into an oval-shaped tumor varying in size from that of a pea to as large as a grape, and is livid or bluish in color. The ruptured vein then becomes a sack containing the clotted blood.

The pain is sharp and lancinating, although dependent somewhat upon the amount of distention and the presence of inflammation in the tissues. This pain continues uninterruptedly until the tension of the skin is relieved or the clot is expelled.

If left untreated the thrombotic hemorrhoid follows one of two courses. As the blood clots and the serum gradually absorbed, the tumor diminishes in size, the tension is relaxed and the pain and discomfort lessens. In a week or ten days the symptoms disappear, provided there is no inflammation or abscess development. As the serum of the clot and the edema of the surrounding tissues are absorbed the pile assumes a different appearance and is known as a cutaneous hemorrhoid. This condition will be described presently.

If infection occurs in the thrombus of the pile the course will be different. In a few days an abscess will develop and open spontaneously if not incised by the physician. A little blood and pus will be discharged and instantaneous relief afforded.

The thrombotic hemorrhoids develop suddenly, usually during constipated defecation, accompanied with great straining. They feel like a bullet under the skin, and are usually single, but may be multiple.

The treatment of thrombotic hemorrhoids is simple, very satisfactory and relieves the patient instantly. The tumor is transfixed with a sharp-pointed bistoury entered at and passing through the base, and the tumor is split in two. The skin usually retracts immediately from the knife, and the clot pops out, accompanied by slight hemorrhage. Care must be exercised to split the whole tumor, and not merely the top. If the clot is not expelled spontaneously it should be expressed by squeezing the pile with a piece of gauze. After all the clots have been removed a slight oozing will probably persist from one or both ends of the diseased vessel. Therefore, to prevent the severed edges glueing together and the sack from refilling, the wound edges should be held open and the whole cavity firmly packed with a narrow gauze strip. If the hemorrhage is free the openings of the vessel will need tortion, packing or cauterization with nitrate of silver. After twelve or twenty-four hours the gauze should be removed, the cavity flushed with normal salt solution, and, if there is any pocket remaining, it is well to pack the wound once more. Usually, however, the edges will be found to have retracted until the wound is only a small, shallow granulating wound. It must be attended each day, as any other wound would be, and in a few days it will heal. Sometimes patients themselves puncture the hemorrhoid and allow a few drops of blood and serum to escape, which relieves for an hour or two, and then the pain is renewed. Leeches applied will produce an oozing which may continue several days, and, besides being annoying, may also be exhausting.

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Very often by the time the patient calls on the doctor the clot has been expelled or has been absorbed, and there remains but an hypertrophied teat of skin, which is called a cutaneous hemorrhoid.

Cutaneous Hemorrhoids.—The cutaneous hemorrhoid usually appears to be normal or slightly thickened skin, but may be much hypertrophied. They have been erroneously called condyloma, but they are a connective tissue growth. They may be single or multiple, and vary in size from that of a pea to as large as a thumb, and in some cases completely hiding the anus. They are easily abraded and excoriated and give off a very irritating and offensive discharge. They are aggravated by improper diet, irregular habits and uncleanliness. Very often a fissure is found at the base of one of the hemorrhoids and is sometimes due to the dragging and abrading of the tag. I have never been able to find any evidence to support the theory that when cutaneous hemorrhoids occur with stricture of the rectum that the latter is due to syphilis. To me, these tumors represent nothing but chronic irritation about the anus, and are found in many and varied forms of rectal disease.

Cutaneous hemorrhoids are prone to become inflamed, especially if neglected, and it is then that the surgeon is consulted. Many individuals go through life with them without suffering by being careful and cleanly in their habits. In the inflamed condition the symptoms are much the same as the thrombotic variety.

Examination reveals a hard, edematous and tender mass at the margin of the anus. Its base may encircle one-third of the anus and be one-half inch thick. It is external to the sphincter, and if placed above it it promptly protrudes. The outer surface is composed of skin, while the inner is finer skin and partly mucous membrane, and is smooth and shining. It is necessary to recognize this form of hemorrhoid, as it is a connective tissue tumor and not vascular. Therefore, scarification and leeches give no relief, and attempts to replace within the sphincter make matters worse. If undisturbed the inflammation gradually subsides and the pain disappears. Suppuration is exceptional, but the tumor always remains somewhat larger than before the attack.

When the cutaneous hemorrhoid is quiescent it produces no symptoms, but when inflamed the symptoms may be fully developed in a few hours. A sense of fullness and heat, sometimes itching, a throbbing pain and a tight sphincter, with an irresistable tendency to strain. Usually he tries to push it within the sphincter, and his efforts only increase the pain. The pain of the thrombotic hemorrhoid is due to tension, but that of the cutaneous is due to acute inflammation. Puritus always occurs, and is a most annoying symptom.

External hemorrhoids have to be differentiated from several other local conditions.

Polypi have smooth, elastic surfaces and are pyriform in shape, and are attached by a long, slender pedicle.

Villous tumors have a broad base, slow growth, spongy feel, dark red color and frequently hemorrhage.

Malignant growths appear in their early stage as hard nodules on the side of the rectal wall, which later become darker and break down, producing ulcers. At that stage the differential diagnosis is easy.

Venereal warts develop in large numbers and in circumscribed locations. They are soft, pedunculated, fragile, bifurcated, dark red in color and give a disagreeable odor.

Prolapsus involves a large part of the entire circumference of the bowel. The tumor is cone-shaped, with a slit in the center, and has velvet-like appearance.

Hemorrhages of all kinds are attributed to bleeding piles, but may be due to ulceration, injury, fissure or malignant disease.

Treatment.—The only proper treatment is radical excision. The base of the pile must be determined and marked by drawing the scalpel around the pile and cutting through enough of the skin to abrade. The tumor is then filled with a one per cent. solution of cocaine, to which has been added one-half of one per cent. of adrenalin solution 1 to 1000. After waiting ten minutes the tumor will be found to be thoroughly anesthetized and may be clipped off at the level of the line made at the beginning of the operation. By the distortion produced in the tumor by filling it with cocaine solution this line will not be on a level with the skin now, but it will return to its former position when the fluid has been absorbed. When the pile is cut off there will be but one or two bleeding vessels which may need to be picked up for the time being. The wound edges are now approximated with a few catgut stitches, which enter on one side about a quarter of an inch from the edge, pass under the wound and out at a corresponding point on the opposite side. Three or four well-placed stitches close the wound and shut off any bleeders. A light absorbent dressing

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and covering is all that is needed. Each day the dressing must be removed, the anus and surrounding areas douched with warm normal salt solution and fresh dressings applied. The wound must later be cleansed immediately after each bowel movement. At the end of a week the case may be discharged cured. In placing the stitches it is important to see that the edges are well coated and no raw surfaces left, as such places are very painful and delay healing. The hemorrhoids may be removed regardless of their condition, but inflamed piles are much more painful and do not heal so rapidly. When the tumor is inflamed do not remove all of it, as that might endanger stricture of the anus when cicatrization has fully completed. If the sphincters are irritable and the whole area very sensitive, the patient may be spared much suffering if the sphincters are properly dilated previous to beginning the operation. (See dilatation of the anal sphincters.)

While the treatment as outlined above gives prompt relief and complete cure, not every patient is willing to be operated upon, and for these something of a palliative nature must be instituted. To relieve the pain and reduce inflammation of thrombotic variety I have obtained good results with

℞ Morphine sulph. .....gr. iij
Calomel .....gr. xij
Ungentum .....3 j

The old-time lead water and opium lotion applied hot also gives prompt results.

509 East Forty-sixth St., Chicago, Ill.

EXTRAGENITAL SYPHILIS AND PREVENTIVE MEASURES.

BY ALBERT H. BURR, M. D.

In a general practice, the writer has tabulated 264 cases of syphilis which have come under his private treatment during the past twenty years. A large majority of these were seen in the primary stage. Of these, fourteen were extragenital. The chancre was located on the lip in ten cases, and one each on the eyelid, tonsil, nipple and within the rectum. Of the genital cases, ten were of unusual interest, for the reason that the initial lesion was located entirely within the male urethra four times and on the cervix uteri six times. Such lesions are easily overlooked and are located only by thorough examination. In most of the lip cases the source of infection was easily solved. Only one was known to have been infected from a primary sore. This was in the case of a young woman receiving the attentions of a railroad clerk who already had developed a chancre of the lip. The lesion on the young woman's lip appeared a few weeks later. With this exception and that of the rectal case in a passive male pederast, the infections were tracable to secondary lesions of the mouth and oropharynx.

Two of my cases were infants under eighteen months. One was infected on the upper eyelid by its mother, who was accustomed to remove crusts of the margin of the lid with her finger moistened with saliva from her mouth. The second case was infected by a syphilitic father through kissing. He had infected his wife about the same time by the sexual act, ignorant of the nature of what he regarded as a harmless excoriation of the foreskin. Indeed, ignorance is at the bottom of nearly all communicated syphilis. Willful contamination of another, we may well believe, forms but a very small percentage of cases. Whatever damage may have resulted to others before the case comes under professional observation is certainly without recourse. There is an ignorance, however, for which a patient may be excusable, while his medical attendant must be held culpable. This liability for censure is the excuse for writing the present paper.

Every case of syphilis, however acquired, is a menace directly or indirectly to others. Unfortunately, prophylactic sanitary control of venerial diseases is an unsolved problem. The responsibility of the physician begins with his diagnosis of syphilis in any of its communicable forms or a suspicion of such a condition. This responsibility is a grave one, which he cannot treat lightly. He is now custodian of the welfare not alone of his patient, but of others associated with the patient who may be contaminated by him. A pathetic incident in my office impressed this lesson upon my mind so forcibly that I cannot forbear relating it. One of my cases was a beautiful young woman affianced to a railroad engineer, who had contracted syphilis on a Western trip. Upon his return he placed himself under the care of his physician. Soon a persistent sore appeared on the young lady's upper lip, while an enlarged gland was located at the angle of the jaw. The family doctor treated the lesion for a "cold sore." The condition went from bad to worse, until her uncle, wise in his own experience and having the confidence of the young man, brought them both to my office. The chancre was typical. The indurated lymphatic confirmed

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its nature, and a few roseola beginning to show upon the chest completed the essentials of a diagnosis. When her intended was informed of the facts, and that he was undoubtedly the cause of her unfortunate condition his mental anguish was pitiful. "Why did my doctor not tell me I could disease another by kissing?" he asked in his distraction. The syphilitic mother already mentioned was under the care of her husband's physician. She was heart-broken when she realized that she also had diseased her own innocent babe. Had these two physicians done their full duty it is likely these two hapless victims would have been spared.

In assuming the treatment of a case of syphilis, the physician owes it to his own reputation as well as to the protection of the uninfected, to impress clearly upon his patient the nature of the disease, its slow elimination, its probable duration, the possible ways in which it may be imparted and the extended time during which vigilant precautions must be exercised. He must know that secretions from the mouth having syphilitic placques are just as poisonous as those from the original chancre, and that contamination is possible for two years after the initial sore. Few lesions are more persistent in syphilis than those of the mouth and throat. They often exist when the patient is unaware of any discomfort, and may not know they are present. Individual table and toilet service should be insisted upon, and the patient should never drink from cups or glasses used by others. Fingers, pencil holders, coins, etc., should never be introduced to the mouth. If a pipe is used, great care should be taken that no other person should make use of it. Contamination through a pipe was the only plausible explanation in one of my lip cases. The patient must be strictly prohibited from kissing or allowing himself to be kissed near the mouth.

A case has been recently reported in the *British Med. Journal* (June 16, '06) where an eighteen-months child with hereditary syphilis infected its grandmother and its aunt, who, in their feeding of the child, were accustomed to taste its food from the child's spoon. One developed a chancre of the lip and the other of the tonsil. Later a young boy, uncle to the child, had a similar lesion, presumably from having used the baby's unwashed spoon.

Skin lesions, excreta and the blood itself of syphlitics is infectious, as evidenced by placental infection of mothers and the operative inoculations of surgeons and accouchers.

These grave and important warnings to both patient and physician must needs be repeated over and again, "lest we forget," and the innocent suffer.

100 State St., Chicago, Ill.

DRUG HABITS AND THEIR TREATMENT.

BY C. E. PATTERSON, M. D.

After having devoted my whole work for now nearly fourteen years to the treatment of drug and liquor habits and studied it physiologically, pathologically and psychologically, I feel I ought to be able to say a few things that might interest at least some of the readers of THE MEDICAL SUMMARY, if not readers of the popular magazines as well. It seems, too, the people in general need to have some idea of habits, even as well as the physician, for in these times of high tension, when the business cares of the day are keying everyone to such a high note, and something being required constantly to keep men up, and, I might add, even the profession no exception to the rule, men should take a little time to get ideas of what they are doing and what must be the consequences in case a check is not called, both by the medical profession and the laity as well. It is the first duty of the medical profession to call this halt and not wait for the outside people to call it, for the physician should be the adviser as regards the health of the people, rather than to have the laity advise him. But, am sorry to say, of any one class of men to-day who are addicted to drugs or liquor, the medical profession takes the lead. And then am sorry to say, further, the physician of to-day is altogether too ready to pull out that little gun of his and shoot every patient he has who has the slightest pain, rather than to spend fifteen minutes of time to get him easy without opiates, and thus endangering the formation of a drug habit, which he should know all about and the patient not expected to know a single thing, together with all of its terribleness. I will admit the laity is somewhat to blame, inasmuch as they demand quick returns from medicine when a physician is called, and even though the physician knows better, for fear he will not please some fastidious woman and will possibly lose his call and some other doctor called, he at once becomes the slave

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rather than the master, and at once does a thing contrary to the dictates of his own conscience, and possibly by so doing is the means of ruining a physical life, dwarfing a human soul and, barely possible, not only one, but often several in the same family.

Now the question arises, What does it mean to become addicted to any habit? The shortest answer I can make can be said in one word—slavery! The first habit men are in the habit of forming, and which is the basis of all other habits formed, is the habit of *not thinking*. Men to-day learn to repeat what other men say, without a single thought as to the reasonableness of the declaration. Physicians, I am sorry to say, are equally guilty with the rest for doing this very thing, and are allowing the pharmacists to do their prescribing and make their combinations, and they simply doing parrot-like, because the pharmacist says so, and thus are slaves to the pharmacists rather than intelligent, thinking physicians. The pharmacist presents you with some proprietary combination, the contents of which you know nothing about, and you give it without thought as to the dire results which may follow its administration, when, ere long, you have enslaved another.

Who is guilty? *You*. Only a few years ago one of our leading pharmacists in the United States made the statement in one of his catalogues that codeine would cure the morphine habit; furthermore, one could not become addicted to codeine. What a sale it had for the next year or two because doctors did not stop to think codeine was an opiate, just the same as morphine or gum opium. After codeine had its play then heroin was thrust on an unthinking profession in the same way, and I know from the number of physicians I have treated for heroin addiction the bait was not only grabbed by the few, but the many. Every day the physician receives by mail some new preparation, with an immense amount of literature telling its wonderful virtues and possibly a pretention of telling the contents of the preparation. Do you have it analyzed before you use it? No; you take their word for it and use it, and, the chances are, you are administering something you would not under any circumstances had you any conscience at all.

Now the subject is far too extensive to take up in detail regarding habits in general. So, as the title indicates, I only take up the drug habit for this time. Hence, I have, first of all, cautioned you against using the various remedies sent you as samples without first knowing their contents and then knowing, further, that any stimulant or narcotic drug if administered continuously for a time produces a condition we call a habit, and then, let me say, before going further, some of the habits, and especially the ones produced by the narcotic drugs, so fasten themselves upon the individual there is no getting free without help, and then, let me say, with still more emphasis, the ones who can assist you are mighty few and far between, the many so-called vaunted cures to the contrary, notwithstanding. My idea of just what a habit is will undoubtedly vary with the many if not the whole profession, yet I shall try to prove all statements made.

First, I said the basis of all habits was the habit of not thinking. No physician, if he would stop to think, would ever become addicted to even tobacco, to say nothing of the greater habits. Then why does he become addicted? Because he failed to direct his mind. What does he do next? He directs his mind to allow the various drugs to take possession of his body. What do all stimulants and narcotic drugs do? They simply call out reserve energies that man has stored up in case of emergency. When a man has become addicted to a drug, what are the consequences? Simply he has no force at all, except as he borrows it from reserve energy by the use of drugs.

Now, what is the power within man that takes up these various drugs or even the foods of the body and assimilates and abstracts the various forces from them for man's good or detriment? In general, physicians talk of the lacteals, lymphatic glands, etc., etc., as being the means of taking up these digested products. But, I ask you, are these but avenues, and the real workman being the soul power itself? Now, what is the soul? Men in general say the mind is the soul. But let me ask you if the mind is not dual. A part of the mind being made up of what we learn of five senses and, according to Hudson, called the objective mind, the other half being the intuitive mind, so to speak, or, according to Hudson, the subjective mind, or, in reality, the soul itself—the great transmuter or alchemist of the human body. Notice this is the subjective mind, or subject to the dictates of the objective mind. The five senses dictate the use of drugs. The soul itself accepts as a fact the dictation. The subjective mind is a mighty apt student, and when once directed and has learned a thing it is mighty hard to unlearn it. The boy who first uses tobacco

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is rebelled against terribly oftentimes by this ruler, but by constant persuasion on the part of the objective finally accepts it and then will not surrender, but as much as says, "You have taught me to call for this to keep my physical body keyed to the proper standard, now give it to me or I will make you so nervous there is no peace for you." And you keep giving. Now opiates the same law, your objective mind or five senses, have taught the subjective that this is their life. You have misdirected your life ruler and you really have a soul disease, or subjective mind disease, if you so prefer to call it, rather than a physical disease. In time the life ruler in being so greatly entertained with these misdirected agents ceases to take the proper care of your physical body, and you then have both a psychic and a physical disease combined. And now, do you see the reason that pathologists fail to find any pathological lesion, especially in the early stages of morphine or opium addiction? Now, to be as brief as possible, as whole volumes might be written on the subject, what must be the treatment? I have shown you any habit was misdirected thought. Misdirected thought means you have established a negative condition for yourself rather than a positive one. Then, if you are in the negative, fear at once takes control of you.

Then the first step in the treatment is to relieve all fear, not to dope the patient with large doses of hyoscine, so as to make him lose his mind, and then discharge him as cured before he has got it again. Because the mind he lost was only the objective mind and not the ruler of the body itself, and as soon as the patient gets his senses the subjective calls for the narcotic just as hard as ever, and, the chances are, almost if not every one relapses. Not a cure; only taken away. Now you ask, how bring the patient at once into the positive instead of the negative? I answer, by never beginning lieing to him. Tell him at once just the condition of things as they are. In fact, you have got to begin with him by telling him the laws of his being, just how it all came about and what he has got to do to assist you. What drugs do you use? To which I would answer, saying, if a patient will come to me with absolute faith and do just as I say I would need none at all, and he need not suffer any, either, and I will not even confine him to the house more than for the reason the more quiet he keeps the more quickly I can cure him. The principle I have explained is fairly well illustrated in the cure of stuttering. The mind is mastered instead of being the master. Suppose you cannot have the confidence of the patient, then what do you do? I do just the same, but to him unconsciously, and I use drugs as well. Results just the same, only it takes longer. What drugs do you use? I again hear you ask. I use drugs from a purely scientific standpoint, not experimentally. What do you mean? I mean every patient addicted to drugs is under negative or moon influence, and would say, further, the poppy has moon vibration predominant. From a reasoning standpoint sun influence is the strongest force to overcome all other forces. Any drug ruled by the sun will assist as a nature force to overcome the moon or negative force they are under. Through the law of correspondences the sun in the heavens corresponds to the heart in the man. Through the law of opposition Saturn force will cure, but it is so abrupt in its methods it is liable to destroy. For instance, belladonna, hyoscyamus, etc., etc. But yet, with all the drugs used, let me say, in conclusion, unless the true principle is taught whereby the really true cure is effected look for a relapse, with an understanding by the patient. A relapse, the exception, much could be said on this question, but I trust I have said enough to furnish some food for reflection.

316 E. Bridge St., Grand Rapids, Mich.

IN A LIGHTER VEIN.

BY W. T. MARRS, M. D.

The above heading may, to some of you, sound superfluous, on the theory that all I write is at home in that category. Dr. Doane, who is a contributor to a number of journals besides THE SUMMARY, always writes in a happy vein and reports all the latest medical jokes. Sometimes the doctor writes one whose whiskers are a little hoary, but we forgive him for that. I shall in this article report a few incidents of my life, just as I recall them. Nothing remarkable about any of them, but they will be calculated to touch responsive chords in the hearts and lives of nearly all who read these lines. The weakness of human nature is proverbial. That is why the doctor's life is full of events bordering on the humorous, the pathetic and the sublime. He will never forget the whims and foibles of many of our patients and patrons of former days

The fellow who would fight for you or send across the continent for you, if possible, when he is sick, holds ample space in your heart.

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Every doctor who reads this will recall in his early struggles a few who always stood by him instead of chasing after new gods. Time cemented you in friendly and professional bonds never to be broken, and the fond memory of all such you will cherish forever and a day. There is some degree of reverence in the attachment of old people for the physician of their choice. I had some evidence of this in a recent visit to a town where I lived many years of my professional life. Younger people strike out and form new acquaintances and do new things. When the old folks have outlived ambition new faces and things do not appeal to them. With them old friends and the old physician are like old wine —the best—the older the better.

I do not wish to insinuate that I am growing old myself. But that is a condition that will some day come unto all of us—if we live long enough. Before leaving this thought I wish to give a recipe for standing off the ravages of old age. It is: *Do new things.* A man may be as old as his arteries, but he is likewise old when he ceases to do new things. A woman is old when she no longer has any sentiment or ambition—when she doesn't care for a new hat with pretty *toochits* on it and takes no notice of little local romances and affairs of the heart.

One very old lady, who had heart disease always, put up a pitiful call for *brigitalis* the moment I entered the house. Another old lady always wanted a "round of calomy," An old German was constantly having trouble with his "kidnix." One old fellow with urinary trouble always spoke of his "water channel." Another old lady had trouble with her *'omb;* another called it her *woon.* Thus our patients' expressions are sometimes not characterized by erudition. But, what's the difference? Words, after all, are only the vehicles of thought.

The vagaries of hysterical patients have caused us to all "get up and git" at most unseemly hours. It is utterly useless to attempt to explain a neurosis to the laity. Did it not take a good bit, doctor, to get these things into your (now) well-seasoned pate? Every doctor has his own routine of treating these patients. After being called out several nights in succession, I would usually succeed in getting them in a condition so they wouldn't bother me for a little while. I would send them word that I wasn't any good on "hysterics." This, through its revulsive effect, would at once cause an amelioration of all symptoms. One lady imagined she was paralyzed—a paraplegia. She lay on her back "fixed and immovable," for a number of days. I was so cruel (?) as to administer a drastic purgative. She said, "What's the use to give me physic when I can't move?" However, deponent saith that she arose in due time. One other hysterical patient developed a typical case of hydrophobia—or, at least, so far as symptoms were concerned. It would take a pretty good chapter to describe this case.

Then the neurasthenics. They are always interesting in a way, for they are always finding new symptoms. They want to acquire all the diseases as fast as they learn about them. It is not much of a neurasthenic who cannot pick up a volume of Jayne's or Hostetter's and develop some new symptoms. Some days his trouble is the genito-urinary organs, some days his liver is the storm center, and again his heart is going wrong. For a choice and variegated bunch of sypmtoms the neurasthenic deserves the biggest medal in the box. One of these patients came to me once, assuring me that his brains were loose in his head, for he could "hear them rattle" when he moved his head. Possibly he had a little post-nasal catarrh; and, again, it may have been pure fancy. I have much sympathy for these patients, for I have suffered every vagary in the catalogue myself.

Then the conceits and absurdities of patients! How the law of suggestion operates!

I have performed some rather remarkable cures (?), according to reports of patients, when I did so unwittingly and with very benign remedial agents. Then, when I have used my best efforts, they were unavailing. One of the paradoxes of life. Many persons have assured me that certain medicines produced in them certain effects, but when given by some other name I never heard any of these symptoms quoted. Suggestion again. With some foods it is the same as with certain medicines. I also took this *cum grano solis.* One boy invariably had a hemorrhage of the lungs when he ate sweet potatoes. I really can conceive of nothing in this tuber to produce such untoward symptoms. One youth informed me that he had nose bleed when he so much as took a draw at a cigarette.

Doctors get some compliments passed on them that are rather dubious in character. I once was treating a family in the country, who had typhoid fever. (It was the family who had it.) As I was on my way out to see them I met a relative coming in after me. However, he did not recognize me, but came on to the house and inquired for me. He then

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returned and found me still with the patients. He sized me up and then remarked: "Well, if I had been out shooting doctors I would never have taken a shot at you." Another compliment aimed with a little better precision was the following: I was called some little distance to see a chronic case in a locality where there was a physician. The man said: "I had to pay some doctor, and I thought I might as well pay a good one while I was at it." (Bah.) Another man apologized to me for not having me treat his mother-in-law. He said: "You are a good friend of mine, and I know you would rather not have these old chronic cases where you can't do them much good; so we thought we'd let Dr. Blank have the case." Thus my reputation was thought to be vicariously saved.

One day I was returning from seeing a man who had been hurt by falling off a house. I met an old pioneer citizen, whose hair had grown down nearly to his pockets. He accosted me thus: "Doc, you're rather young, and maybe you don't understand that case as well as you might; *I think he's got a strifin' busted.*"

One cold day I was returning from a country call, and was almost exceeding the speed limit, if such a condition could have existed. As I had just got by a house an old fellow came out and gesticulated wildly for me to stop. After I had come to a halt the old chap deliberately came up to me, put one foot on the hub of the wheel, transferred a bolus of tobacco with his tongue from one cheek to the other, and then made known his business thus: "Who's sick down this way?" One other day an old lady came doddering out of a house as I passed. She put one foot on the second board of the fence, and, between puffs of the pipe she was smoking, asked, "Who's sick, Doc?"

One chilly November night I was called to a dirty hovel in a community called Wah Puck, for the purpose of assisting into the world a little piece of humanity who would probably grow up to be as worthless as his progenitors. As there was a lull in business I sat around the stove, and the cool ride had made me quite sleepy. The old lady—mother of the patient—said: "Doc, there's a bucket of turnips; maybe if you eat something it will wake you up and make you feel better." Scientists tell us that the turnip is 98 per cent. water, anyway. Imagine what a delectable luncheon a raw one would make at the unseasonable hour of one A. M.!

There are certain isolated localities in the country where a doctor's advent is so rare that the denizens regard him as somewhat of a freak when he does happen along. A good many feel that he is such a luxury that they ought to call his services into requisition on these occasions. While at one of these out-of-the-way places once, four women had assembled with their babies, and, after I was done with the patient, each of these women, by turn, said: "Now, I want you to see whether you think my baby needs anything or not."

There are many pathetic scenes associated with the practice of medicine. The distressed, poverty-stricken people are the ones who are sick the most. They are always with us. In nearly all these families some of its members are very worthy people. Perhaps there was some social tragedy that put them on the road to misfortune. Many a noble woman tied to a worthless man can say, like Maud Muller, "It might have been." Sometimes it is a vice versa case. Continuing the poet's thought, it is to be hoped there is for all such some "sweet hope deeply buried from human eyes," and that "in the hereafter angels may roll the stone from its grave away."

Just a word about that will-o'-the-wisp—"race suicide." When a poor woman who may have seen better days, situated in destitute surroundings, already the mother of several small children, who have a struggle for existence, to say nothing of hope of comforts and an education, and another babe comes to further burden the care-worn mother, who will have the temerity to say that more babies are an unmixed blessing? Preach the needs of more babies to those in affluent circles, but spare the poor mother who has enough. Why should she turn herself into a fecundating machine or an animated incubator? Give her a little enjoyment in life. Let her improve that haggard face with dark circles under her eyes, straighten up those drooping shoulders and infuse a little spirit into her life. No, we don't exactly need *bigger* families. But we do need *better* ones.

Peoria Heights, Ill.

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Medical Progress

Under this head we endeavor to present a condensed summary of practical medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

PHOSPHORUS.

In an article on "Phosphorus Therapeutically Considered," by Dr. W. C. Cooper, in *Merck's Archives*, the author says:

The supreme expressiveness of phosphorus has reference to the larynx. Whatever may be its virtues outside of this region it is peculiarly at home here. It is my stand-by in nearly every form of aphonia and hoarseness. It is far better than any other remedy I have ever tried in these conditions. For a purely laryngeal cough, it certainly has no equal. I have tested it in many hundreds of these cases. I have used the drug hundreds of times in laryngeal troubles, and always with great satisfaction. In chronic throat coughs, I have been in the habit, for some years, of prescribing a combination of the tincture of phosphorus and sanguinaria. I make a 4-oz. mixture like this: Specific phosphorus, 20 drops; specific sanguinaria, 30 drops; glycerin and simple syrup, of each 2 oz. The dose of this mixture for an adult is a teaspoonful every three hours.

BRYONIA.

Dr. Fyfe, in his *Materia Medica*, says:

Bryonia is one of our most valuable remedies. Many physicians fail to get good results from it for the reason that they use it in too large doses. In very small doses it is a remedial agent of great value, but in large doses it is worse than uselessi—t is decidedly harmful. In pleurisy or pneumonia, when effusion has taken place, bryonia, in small doses, will bring about absorption of the fluid in many cases which, without this remedy, would prove hopeless. Pleuritis, peritonitis, pneumonia, bronchitis, rheumatism and all diseases of the serous membranes are among the most prominent abnormal conditions which usually present indications for bryonia.

Bryonia is sedative, diuretic, anti-rheumatic and nervine. In large doses it is a drastic cathartic and a depressant to the heart. In long continued medium doses it sometimes causes nose-bleed.

NEURASTHENIA.

In an article on the subject Dr. A. W. Ives says:

The pathology of neurasthenia is not well understood. It is a fatigue neurosis and psychosis. Dr. Hodge claims that the microscope shows as great depletion of nerve-cell substance in this disease as do the salivary cells after great activity. Such nerve cells, as a result of constant overwork, are probably depleted beyond the stage of prompt recovery, i. e., a diminished dynamic energy with loss of recuperative power.

The symptoms are very numerous, all showing, however, lessened nervous force. The patients come to the clinic with the general statement that they are nervous. To the questions, "Are you irritable? Do you get angry easily? Easily startled? Cry easily? Headache? Backache?" The answer "Yes," is invariably given. Two allied, though different, conditions must be excluded, namely hypochondriasis and hysteria, though two of the conditions may exist simultaneously.

They are generally all engrafted on a state of mind which will not quite pass muster as normal; in each condition we have nervous instability. In neurasthenia we have this instability and as the most prominent symptom great exhaustion resulting from comparatively slight exertion.

HEADACHE REMEDY IN LIQUID FORM.

Some people will insist on having their medicines in liquid, some in solid, and some in pill form. The following is a good formula for a liquid headache remedy: Acetanilid 60, or 4.00, alcoholis oz. ss or 15.00, ammonii carbonate dr. ss or 2.00, aquæ dr. 11 or 3.00. Elixir adjuvantis qs. ad. oz. 11 or 60.00. Dissolve the acetanilid in the alcohol, the ammonium carbonate in the water, mix each portion with a portion of the elixir, then mix the whole together.

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AN EXCELLENT SUGGESTION.

Dr. W. L. Rodman, of Philadelphia, makes the excellent suggestion that ten years of practice should be considered the equivalent of passage of an examination to practice. Any physician holding the diploma of a reputable college, who has had ten years' experience in practice, certainly should be permitted to practice anywhere in the United States.—*Medico-Chirurgical Journal.*

SCIATICA.

Dr. E. S. McKee, Cincinnati, won the prize offered by the New York *Medical Journal* for the best essay on the treatment of sciatica which essay was published in that journal under date of December 29th last. The doctor considered the first essential to the successful cure of sciatica a thorough knowledge of the individual patient in hand. Rheumatic cases are generally benefited by salicylates, syphilitic cases by the iodides and gouty cases by colchicum and the salines. A good combination for the acute stage is the following, which should be preceded by calomel and the salines:

℞ Aspirini (acytl salicylic acid(.....3 j
Phenacetini (acetphenetidin) .... gr l
Quininæ salicylatis ..... gr. xx
Codeine sulphat. .....gr. iiss—v
M. Ft.—Caps. No. X.
Sig.—Take one every two or three hours.

Hypodermics, deep injections of alcohol, cocain, beta eucain, sterilized air, the rest cure, massage, electricity, hydrotherapy and surgery were considered. A failure to cure is often the fault of the medical man who has overlooked some point. The only thing for him to do is to go it all over again and try to find out wherein he has failed, for failed he has somewhere. An exact diagnosis of the conditions is one of the first and last means of cure. *Qui bene diagnoscit, bene curatit.*

BACTERIA IN MILK.

At the meeting of the American Society of Bacteriologists Professor Conn reported the result of experiments made to determine what species of bacteria develop in milk in the first 24 hours and what species disappear. Certain species, it was known, succeeded each other till the bacteria of putrefaction complete the history of change. It was found that fresh milk contains a variety of bacteria, chiefly streptococci, derived mostly from the exterior of the cow's udder. In the first six hours there is no increase in the number of bacteria, even when the milk is not refrigerated. On the contrary, there is commonly a decrease. But in the next 42 hours there is a very great increase of bacteria. Some of the new brood are streptococci, but they soon begin to decrease and finally disappear. On the other hand, the lactic bacteria are very few in number at the outset and are derived from sources other than the cow; never from the milk ducts. The lactic bacteria increase so rapidly that within 24 hours they outnumber all others, and after 48 hours constitute over 90 per cent. of all the bacteria present.

FOR LUMBAGO.

Dr. J. J. Levy, in New York *Medical Journal,* rightly lauds the use of dry cups in lumbago. The editor of this (W. Va.) *Journal* has often applied them with marked relief in this very painful affection, using common tumblers. Levy recommends that their application be followed by the following internally:

℞ Potassium acetat. ..... ʒ ss
Sodium salicylat. ..... 3 iij
Aqua gaultheria q. s. ad. ..... ʒ iij

M. sig.: Teaspoonful in water every four hours.

Also this application to the back:

℞ Methyl salicylat. ..... ʒ j
Spirit chloroform ..... ʒ ss
Soap liniment q. s. ad. ..... ʒ iij

M. Sig.: Rub in well for ten minutes night and morning.—*W. Va. Med. Journal.*

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A MENTHOL AND COCAINE COMBINATION FOR USE IN THE NASAL DISCOMFORT OF CORYZA.

For relieving the headache and nasal obstruction which form so unpleasant a feature of every acute coryza, recourse is often had to cocain sprayed in warm solution of 1 per cent. Occasionally ill effects follow.

Dr. Pregnut, of Geneva, strongly recommends in place of this a mixture as follows:

℞ Cocain chloral hydrate.....gr. v
Menthol .....gr. v
Oil vaseline .....gr. 100 (c)

The effects of this in reducing engorgement is much more marked and prolonged than if simple cocain be employed.—*La Revue Medicale.*

FOR SCABIES.

The following combination will speedily cure most cases of scabies:

℞ Beta-naphtholis ..... gr xx
Sulphuris loti ..... ʒ j
Balsami peruviani ..... ʒ j
Unguenti zinci oxidi .....ℨ j

M. ft. unguentum. Sig.: Apply locally to the parts affected twice daily.—*Medical Bulletin.*

TREATMENT OF MEASLES.

Dr. Stevens says that a small initial dose of calomel, preceded by a glycerin suppository, is useful for the first stages of the treatment of measles. The severe vomiting is usually best controlled by cracked ice, lime water or bismuth, and the insomnia overcome by small doses of trional, 2 to 3 grains, in combination with chloral. Cough is usual, and is best kept in check by sinapisms. The following prescription will prove serviceable:

℞ Potassii citratis ..... ʒ ij
Vini ipecac ..... ʒ ij
Tr. opii camph. ..... ʒ iij
Syrupi tolutani .....ℨ j
Aquæ cinnamomi .....q. s. ad ℨ iij

M. Sig.: A teaspoonful every three hours.

CANNABIS INDICA.

Dr. E. B. Silvers says that he has used cannabic indica in delirium tremens for forty years without the loss of a single case, although, as city physician, he has been called upon to treat many of the worst "drunks." He suggested its use to the directors of the New Jersey State Asylum for the Insane, in alcoholic mania, where it proved satisfactory.

APPENDICITIS.

Dr. F. R. Hyslop, of Whitewater, Wis., in the *Medical Standard,* says:

My method of procedure when called to a case where there is temperature, pain in the abdomen, tympanitis, and vomiting (not profuse), is to give small divided doses of calomel, followed by a saline, to thoroughly wash out the bowel. After a ree evacuation fI give enough Dover powder to quiet the patient, and if there is tympanitis I apply a turpentine stupe. I allow no food until the symptoms disappear. If I find any of the symptoms extremely severe at the first visit I advise operation at once, and at the patient's home, by a competent surgeon. I have never had the family refuse an operation. I consider constipation the most frequent cause of the trouble. Males constitute the greater number of my cases; I have seen none under five years of age. In recurring cases I always advise operation after the second attack; in chronic cases I always advise operation if I am sure of my diagnosis.

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TREATMENT OF BRONCHO-PNEUMONIA.

In the course of a long article in the *Medical Journal*, on the subject, Dr. S. A. Visanska, of Atlanta, Ga., says:

As we usually find a torpid liver and furred tongue in these cases, it is well to begin with small doses of calomel, followed by oil, or a simple saline mixture. In not a few cases the gastrointestinal symptoms are a grave complication. Most children swallow the mucus, unless vomited up, therefore, keep the tract cleansed. Tympanites is often very troublesome, pushing the heart and lungs out of position, adding greatly to the discomfort of our little patient. The treatment then is the same as for gastro-enteritis. For the cough, which is usually dry at first, the simplest and most palatable mixture is the best. I might write a number of different prescriptions, yet the one I give will usually answer:

℞ Spt. ammon. aromat.,
Vini. ipecac ..... aa ʒ ij
Syr. pruni virg. ..... ʒ vj
Syr. tolutan ..... ʒ iv
Aq. anisi ..... q. s. ad. ʒ iij

M. Sig.: A teaspoonful every two hours to a child one or two years of age.

Another is as follows:

℞ Pot. citrat. ..... gr. xxiv
Vin. ipecac ..... ʒ ij
Spt. minderer ..... ʒ vj
Syr. tolutan ..... ʒ iv
Aq. anisi ..... q. s. ad. ʒ iij

M. Sig.: A teaspoonful every two hours. If the cough is quite troublesome, add a few drops of paregoric or deodorized tincture of opium, according to the age of the child. Never order anodyne in the mixture, as you might wish to increase the dose, or leave it out entirely.

THE TREATMENT OF WHOOPING COUGH.

In summer the child should be kept out of doors, in winter in well-ventilated rooms. From the onset a vapo-cresolene or creosote lamp should be used at night. When the paroxysms are becoming severe, antipyrin in full doses (grain j for every year up to grains v), combined with digitalis, should be given every two, three or four hours during the night, if the child is awake, its place in the day time being taken by a bromide-iodide mixture (unless the little patient is a baby in arms, when the antipyrin may be used during the day as well).

The following combinations are to be recommended: (1) Antipyrin, with tincture of digitalis and syrup of Tolu; and (2) sodium bromide, potassium iodide, syrup of tar (U. S. P.) and syrup of Tolu. The dosage of the potent drugs must, of course, be graduated for age and other conditions.

If at the end of forty-eight hours the antipyrin mixture proves of no benefit, codein should be substituted.

Besides antipyrin and codein, a third drug, quinine, in full doses, often proves beneficial.

The discomforts caused by belladonna and the dangers of bromoform have relegated both these drugs to a well-merited limbo.

Attention should be given to the feeding of the child (small amounts at frequent intervals).

Excessive vomiting with rapid emaciation is a complication difficult to treat and one to which no routine treatment is applicable.

During the paroxysms of cough the epigastrium should be steadied by the hand of the nurse, or, better still, a tight-fitting binder should be constantly worn by the little patient. Of Naegeli's jaw traction for the shortening of the paroxysms of cough I have no experience. Vaccination as an abortive measure in the first few days of the disease may be tried. The child's bed linen and night clothes should be frequently changed.—Dr. J. R. Clemens, in *Med Review.*

TREATMENT OF SCIATICA.

Rheumatic cases are generally benefited by the salicylates, syphilitic cases by the iodides, and gouty cases by colchicum and the salines, writes Dr. E. S. McKee, of Cincinnati. One of the best combinations of drugs for the acute stage of sciatica is the following, which should be preceded by calomel and the salines:

℞ Aspirin 3i
Phenacetin .....gr. 1
Quinine salicylate .....gr. xx
Codein sulp. .....gr. iiss-v
M. F.—Caps. No. x.
Sig.—Take one every two or three hours.

Hypodermics, sterilized air injections, rest cure, massage, electricity and surgical treatment are discussed. The author lays great stress on having a thorough knowledge of the individual patient on hand. If the physician fails to cure, he has failed somewhere in his study of the case and something has been overlooked. An exact diagnosis of the condition is one of the first and last means of cure.—*N. Y. Med. Jour.*

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Notes and Queries

FOR this department we cordially invite questions, comments and criticisms on all topics of interest to the physician in his daily work for the relief of the sick, thus making the Summary a valuable medium for communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

SOME OBSERVATIONS ON "NOTES AND QUERIES" IN DECEMBER SUMMARY.

Editor Medical Summary:

Respecting Dr. Blackward's comment on homeopathic effort in developing rhus this much may be said that the little spheres of infinitesimals possess charms of attractiveness and salability and are surely effective, as can be demonstrated. The good doctor will not deny their suitableness for delicate women and children.

Not a thousand years ago eclecticism communicated a tremendous impulse to the study and development of indigenous medicines, and eclectics have no doubt placed the entire profession under great obligations for the value of their discoveries and their contributions to its literature. As to rhus, the red-pointed tongue and post-orbital pain of Scudder will be found safe indications to its use.

Antitoxin is of great value, but for any one who will not employ it there are other means at hand. Among these, perhaps, the best are Loefler's solution and sulphide of calcium. Spray or swab throat with solution either full strength or diluted and give calcium sulphide to saturation. Calomel and oil or salines for bowels. A solution of tinc. iron will help, a few drops diluted and taken frequently. Aliments, bovinine and milk, calcium iodide is undoubtedly well nigh specific for croupal affections.

Dr. Smith's suggestions as to treatment of catarrhal appendicitis are sensible and worthy of consideration. Especially in children local pain and distension may be quickly relieved by the application of cold compresses. After bowels have been emptied by calomel and salines, codein in small doses will promote result. Antiseptics are always indicated. A fulminating case may be relieved by these means. Experience proves that in grave cases honors are about equally shared by physician and surgeon.

Under head of "Fistula of Rectum," best treatment is the knife in competent hands. Post-operative management may consist in packing with lint kept saturated with camphophenique.

Dr. Maws has lumbago down all right. Doctor, when your salts and calomel are effective, how much of the discomfort may be due in a loaded rectum? Cimicifuga is good, especially combined with sp. tr æsculus hippocaslanum and sp. tr. sabina. A strong belladonna plaster will be found serviceable.

As to the doctor's questions: Why did not people two decades ago have appendicitis? Because they did. Doubtless as many cases in proportion to population occurred then as now. Then the doctor encountered inflammation of the bowels, obstruction of the bowels, monumental masses of worms in the intestine. Massive doses of calomel, blue mass and even crude mercury were employed. Opium for pain and poultices and blisters. The dissector's knife and the keen eyes of the histologist had not declared their mission. The old doctor of half a century ago bled for about all the ailments in the calendar. He gave mercury to ptyalism; he starved his patient—yet he believed he was right. That was according to the light, all the light he had. There were noble physicians and noble surgeons in that day. The story of their work and their self-sacrifice sheds imperishable glory on their profession. The other question: "Why do the patients of country physicians who haven't the nerve, but too much conscience to operate usually get well under non-surgical treatmean?"

Doctor, it takes more nerve to withhold the hand than to use the knife. He is a wise physician who knows as well when not to do as to do. Does this answer your question? A case of obstructive peritonitis, physician summons an old surgeon distinguished in his profession for discriminating skill and tender humanity. The wise old surgeon is asked: "Will we operate?" He shakes his head. The patient dies. Who is to blame?

R. B. McCALL, M. D.

Hamersville, Ohio.

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THE MENTALPHONE.

Editor Medical Summary:

The human body is an electric machine, the nervous system being transmitters, the food and stomach generators. So sensitive is this machine that fine metals, such as gold and silver leaves, receive and conduct or convey this agent, the nature of which we are ignorant. Modern instruments, such as the telephone and telegraph are well known, but there is another, not made by hands, more wonderful. It is called the mentalphone or brain voice. By it thought is conveyed from one to another; the power is generated in the brain cells, matter, the air conveys the impression or thought.

"By the Marconi wireless telegraphy we have reached the highest communication possible through the electricity of the inorganic kingdom. Now we will apply the same laws to the distant communcation through the electricity of the organic kingdom. The finest, subtlest form of electricity and the most powerful, is electricity of the human mind through which thoughts are conveyed on the ether waves on the same principle and with the rapidity of light. It has been abundantly proved that the brain cells are cold storage batteries to store the electricity generated by the life processes. Professor Thomasina, a material scientist, stated that the human brain is based upon the same principle as the coherer and decoherer of the Marconi instrument for receiving and transmitting messages. Mr. Collins, the inventor of the wireless telephone, that has not been made practical, confirms this statement saying the human body has every essential for communication at a distance without the aid of mechanical instruments.

An essential of life—eating—produces electricity by chemical change; breathing through the lungs, another essential of life, produces electricity by chemical oxidation; breathing through the pores of the skin, an essential of life, produces chemical electricity, and the heat, an essential of life, produces electricity. So all the processes essential to maintaining life in our bodies produce electricity. So we have conclusive proof that vitality, the organic life-principle, is simply self-generated electricity, on the same principle as the electricity of the inorganic kingdom, and that the energy in the living organism is the same as an inorganic battery, except the living has the mind-power to keep up its nomal currents by the chemical processes of life.

In our commercial electricity we have the storage battery and electrical current can be turned to move a mill or run a car, and turned off to stop. A small current can be used, or a strong one, at the will of the conductor. Since 1889 the generally accepted and chemically proved theory of the brain is that of Dr. Cajil, the Spanish physiologist of the brain. He took up Golgi's experiments, which proved the brain to consist of small separate cells and from each protrude two or more minute fibres. Normally the fiber of one cell do not connect with those of adjoining cells, but in a thought they connect. And thus the process of thought is an electrical connection between the cells that have to do with certain lines of actions and thoughts. If we wish to move the right foot the cells in the cerebellum connected with the nerve running into the muscles join and turn on a current strong enough to contract the muscles to produce the desired motion. A slight movement needs but a slight current, and the thought is the car conductor.

"That this movement of the muscles is conclusively proved to be nothing but electricity is shown by the experiments in which a current of electricity applied to the brain produces exactly the same action on the nerve and muscles as is produced by conscious thought.

The ideas conveyed do not depend upon the imagination they can be and are demonstrable.

By this mentalphone or mentalgraph (as you like to call it) many wonderful things are done. Messages of all kinds are transmitted from one person to another, colors are named numbers read and in fact almost every impulse recorded. All are due to magnetic vibration of the cells of the human body.

LUIGI GALVANI DOANE, M. D.

New York, N. Y.

WHAT INSTRUMENTS SHOULD A YOUNG PHYSICIAN HAVE?—QUERY.

Editor Medical Summary:

I am a young physician, and would be glad to have suggestions as to what I ought to have in the way of instruments and equipments. I have about $100 to invest in an outfit, and want to apply it in a way that will do the most good. I do not include drugs and medicine cases in the above request.

YOUNG M. D.

[Will someone kindly offer suggestions?—Ed.]

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KEEP SWEET.

Editor Medical Summary:

We are invited in the December SUMMARY to mention some of our mistakes. We all make them—plenty of them, and the doctor who does the most business makes the most mistakes, though he may not get credit for all of them.

A preacher of our town at the Sunday morning ministers' meeting (just see the alliteration) recently read an excellent paper on one of the faults of the clergy, a fault of which he is notoriously guilty, whether he knows it or not. The writer is well aware of one of his failings which has caused him to lose numerous friends and patrons, a fault so incompatible with success in medical practice and inconsistent with true worth and gentlemanliness that I trust it is very rare in the medical profession, and, perhaps, not worth the space necessary to mention in the SUMMARY.

The writer's tendency to get sour at real or imaginary wrongs culminated once as follows:

A good friend and patron received a severe injury to the hand, lacerating the phalanges and crushing the soft tissues. I dressed the wounds very carefully and told him to call the following day for re-dressing. The patient not reporting when due I called him up by 'phone. He explained that he had been receiving treatment from a young masseuse who had offered to care for his wounds as she was also a trained nurse and would make no extra charge for the extra work. She might have been a trained nurse, but I have never known her as such. I am sure that if she had had much experience she would not have been so willing to assume the responsibility of such a case, even if she were devoid of courtesy toward me.

I promptly telephoned my regards to patient and nurse, making the line warm for a few minutes. I cannot recall my words. In one sense I wish I might. I had plenty of friends and patrons, and I made the great mistake of thinking that I could spare one; the consequence is I have had to spare several in ten years on account of this man's influence.

A preceptor was once receiving the vituperation of a former patron and when asked why he accepted it so meekly replied that there was money in it. Surely, there is nothing but loss in resenting ill-usage. If the exhibition of righteous indignation has any proper place in medical practice I have failed to apply it at the right time and place. I am sure that the best policy is to keep sweet.

MEDICUS.

IMPACTION OF THE GALL BLADDER.

Editor Medical Summary:

On the early morning of June 15 last, I was called to see Mr. G. O. E., aged 56 years, who had served in the Union army, previous health good. Found him suffering excruciating pain in the lumbar region, which had come on suddednly during the night. I diagnosed the trouble, *lumbago*, gave a hypodermic injection of morphine and atropine, and a cathartic of antibilious physic and pot. bitart., and ordered hot fomentations to the back. The pain was so severe had to give hypodermic of morphine and atropine every four to six hours for two days, when the pain left his back and centered in the pit of the stomach. Applied hot fomentations over the epigastric region. On the fourth day I noticed a yellowish tinge of the conjunctiva, and upon close examination could detect tumefaction in the region of the gall bladder and the liver seemed somewhat enlarged. This was a revelation and accounted for the pain in the gastric region. The indication then was to *empty the gall bladder*. I might have given calomel, but I did not. I ordered half teacup of olive oil every four house, and a heaping tablespoonful of soda phos. dissolved in hot water, in alternation. Having but little nausea, he bore the remedies well. He could not get rest without a hypodermic twice or thrice in twenty-four hours.

This treatment with an occasional cathartic of antibilious physic cream tart. and podophyllin was continued for *three weeks*, when he began to pass *pellets of bile* (no hard concretions), resembling in consistence and appearance, *sheep droppings*, from the size of a small pea to that of a cherry. He continued to pass these, more or less in every evacuation, for about a week, when they ceased to appear. I saw several of the evacuations. His wife thinks, and I believe her correct, that he must have passed nearly a double handfull of these pellets. After these began to pass, the pain was relieved, the tumefaction of the gall bladder began to subside and he gradually improved from that on.

Since his recovery he has occasionally been taking chionia or chionanthus comp. and soda phos. to keep the liver and bowels in proper

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condition and prevent the reaccumulation of the bile.

This case presents some unique features. First, the shifting of the pain from the lumbar to the gastric region. Second, the peculiar discharges from the gall bladder. I have never seen or read of a similar case. During the three weeks of active treatment the patient took over a gallon of olive oil and over three pounds of phosphate of soda! But few people could have retained such continuous doses of olive oil.

I examined the urine several times, but could find nothing abnormal except super-acidity. In the onset there was nothing to indicate liver trouble. However, I now believe, had my attention been drawn in that direction, I could have discovered the distended gall bladder.

In regard to the treatment the reader may take exceptions and think that a more active treatment would have given quicker results. It was only by *perseverance in the remedies* that finally accomplished the results as above stated, and with which I was well satisfied.

J. R. Borland, M. D.

Franklin, Pa.

QUERY—CONSUMPTION AND RHEUMATISM.

Editor Medical Summary:

Is it true that only rarely do we find consumption and rheumatism coexisting in the same patient?

2. Is it true that consumption is a disease of under-nutrition and imperfect innervation, while rheumatism is a disease of over-nutrition—or at least of over-feeding—and defective elimination? Or, in other words, of faulty metabolism?

3. If these things are true, to what extent do they justify the conclusion that the proper method of treating consumption is by means of over-feeding, fresh air and nerve tonics, while rheumatism can best be combatted by means of under?feeding, with remedies to stimulate the processes of elimination?

These things are worth looking into, and I shall be glad of a general expression of opinion.

J. M. French, M. D.

Milford, Mass.

AN INTERESTING CASE.

Editor Medical Summary:

About two years ago, Mr. S. E., from Illinois, came to Kansas in search for better health. He had almost complete stoppage of both nostrils, and suffered with asthma a great deal. After arriving here he settled near a neighboring town and placed his case in the hands of the leading physician of the place who soon discovered polypoid growths in both nostrils, and undertook to snare them out with the cold wire snare, and failed. He then advised the patient that it was imperative that the growths should be removed, and that in order to do so he would have to be anesthetized, the side of his nose opened and broke over and the growths thoroughly removed. This Mr. S. E. refused doing and came to me for treatment. I had no difficulty in removing most of the polypi with the cold wire snare, but new ones continually came on, and the nares would remain open for only a few days at a time. There was present all the time an abundant mucopurulent discharge of a greenish tinge. At other times more thick and a shiny white color. This was so offensive and nauseating that it was a source of disgust to the patient. I tried every solution recommended by Bosworth and Bacon, as well as occasional *Journal* articles. I have a good office nebulizer and used it until I was disgusted. At times the asthma would become so bad the patient could not leave his chair, and despaired of ever finding relief. For the past 13 months the left nostril remains perfectly impervious to air, although no visible polypi could be seen or palpated. About three months ago I removed six large polypi from right nostril and then cauterized with the electro-cautery, which partly remained open, so that part of the time patient could get some breath through it.

About six weeks ago I decided to try coppy electrolysis, which has been spoken of by Neiswanger, Monell and others. After the second treatment both nostrils opened up until patient could easily breathe through each nostril. The asthma disappeared, and, to use the patient's own words, he felt like a new man, enjoyed going to bed at night, could lie down in bed like a man and go to sleep, but would wake up once or twice through the night from force of habit, but soon returned to sleep, as he was in no pain or distress, and the discharge has changed altogether, less than one-fourth formerly and not offensive. I pro-

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nounced patient cured after third treatment, but gave an extra treatment, more to satisfy the patient than because of any need.

My method of treatment was as follows: Used copper nasal electrode, as manufactured by the McIntosh Battery & Optical Co., of Chicago; used adrenalin chloride, one part to eight parts of water, with small pinch of salt (made extemporaneously and not even measured, wrapped a thin layer of absorbent cotton on electrode after thoroughly polishing the copper (this is important), saturated the cotton in the solution of adrenalin chloride, and inserting it well up into nasal cavity, attached to positive side of battery, with negative electrode back of neck, turned on current until milliampere registered 6 amperes, and allowed current to flow eight minutes; removed electrode, wiped off mucus from cotton and resaturated cotton with adrenalin, inserted into opposite nostril, turned on 5 amperes and removed after five minutes, reducing current very slowly. Treatments were given about five days apart. I have patient each time before treatment to thoroughly cleanse nasal cavity with a bowl of warm water in which about a teaspoonful of salt to the pint is added. I am using this treatment on several other patients, and with the same gratifying results.

H. CHAPMAN, M. D.

Speed, Kas.

THERAPEUTIC TIPS.

Editor Medical Summary:

Improved carron oil is superior to the old and more suitable—a desirable preparation for burns, tan, freckles, sunburn, scalds, abrasions or lung affections. Does not oxidize so quickly nor dry up so rapidly, and less liable to rancidity. Keeps better. Linseed oil, 60.00; aquæ calcis, 60.00; mix and add liquid parafine, 30.00. Shake well before using. The following also produces an excellent preparation: Oil lin., ii; aquæ calcis, aa 30.00; mix and add liq. petroli (amber), 30.00. Many medicinal substances may be incorporated in the above in a liquified state, thereby enhancing its healing virtues.

Semmola's Glycerin Drink.—This is found extremely grateful in surgical operations for the thirst which follows, and consists of glycerin, 1 ounce, and citric acid, 30 grains, in a pint of water.

Are College Yells Now Official?—The industrious student of materia medica, when looking over the synthetics added to the new pharmacopœa, will not fail to recognize some of his well-known college yells. The committee on revision probably were thinking retrospectively when they named some of the new products. *Nota benes* Acetphenetidin-phenacitine, æthylis carbamas-eurethane, benzosulphinidum-saccharin, chloralform-amidum-chloralamide, hexamethyllenamina-urotropine, sulphonethylmethane-trional, sulphonmethanum-sulphonal et al.

Lime Water for Warts.—J. Burdon Cooper *(British Medical Journal)*, recommends the taking of a wine glassful of lime water with milk after the midday meal and warts will disappear in from four days to three weeks.

Insomnia in the Aged.—Lemoine *(Revueprat d'Obst. et de Gyn.)*, says that the bromides should never be given for the insomnia of old people. This is due largely to sclerosis of the cerebral arteries, with consecutive anemia. He advises small doses of the iodides, with broken doses of opium. The condition of the intestinal tract should be kept in mind and atonic conditions treated.

Suppositories for Hemorrhoids.—℞—Chrysarobini, 1.00; iodoformii, 0.25; ext. acti belladonnæ, 0.12; oleii cacoæ, 24.00. M. Fiat. Suppositoriæ No. XII. Insert one each evening.—*Bulletin General de Therapeutic.*

Acute Articular Rheumatism, Local Treatment.—Talmage *(N. Y. Med Journal)*.—Sprinkle the affected joint well with oleum gaultheria and wrap in non-absorbent cotton. Over this a piece of oiled silk is placed, and this held in place by a snug bandage. Place the limb in an easy and comfortable position, and the pain will disappear in from two to four hours. The dressing should be applied every night and morning, as, besides being analgetic, it helps in keeping the joint quiet. After three days of this treatment the joint should receive thorough massage and passive motion three times a day, and in intervals be covered with the following ointment and be wrapped in flannel. Ichthyolis, adeps lannæ, olei gaultheriæ, aa 30.00. A general alcohol sponge bath of 95 per cent. alcohol and tepid water, equal parts, should be given three times a day to relieve nervous irritation, reduce rise of temperature and remove the odoriferous sweat peculiar to the disease

Cough of Lobar Pneumonia.—Dr. J. V. Shoemaker *(Medical Bulletin)*, recommends: ℞—Codeinæ sulphatis, 0.12; ammoniæ chloridi, 4.00; spiritii juniperi compositi, 10.00; misturæ glycyrrhizæ comp., 120.00; syr. pruni virginæ, 120.00. M. Sig. One tablespoonful every two hours until better, then every four hours.

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Alcoholism.—Marrs *(MEDICAL SUMMARY)*, says that if the following is taken faithfully it will cause a man to fall out with his whisky. The trouble will perhaps be in getting him to take it: ℞—Apomorphine, 0.12; strychnine, 0.03; liq. potass, ii; arsenitis, 2.00; tincturæ cinchoninæ comp., q. s., ad., 250.00. M. Sig. Teaspoonful every three hours.

Injection of Collodial Silver in Cerebro-Spinal Meningitis.—Vidal and Raymond *(Le Progres Medicale)* cured this disease by the subarachnoid injection of collodial silver. The disease was due to the meningococcus, which disappeared in a few days after the injection. The symptoms also improved and the patient entered at once into convalescence.

Purelent Rhinitis.—Roger *(Bulletin Gen. de Therapie)*, recommends for the treatment of this condition irrigation of the nasal chambers with hydrogen diozide solution combined with an equal volume of a solution of sodium bicarbonate (2 per cent.). After the douche he makes a local application of petrolatum, containing 8 to 10 per cent. of menthol.

Paranephrin in Coryza and as a Prophylactic.—Vohsen, of Franfort-on-the-Main, states that the pathological condition of the nose and naso-phrarynx undoubtedly signify an increased danger for acquiring cerebro-spinal meningitis. The careful examination and treatment of the upper air passages in children is therefore indicated. In the coryza of infants and young children the chief symptoms are not due to the increased secretion, but to the difficulty of getting rid of the secretion, owing to the swelling of the mucous membrane. He has found the following solution to give relief in adults: Cocaine hydrochlorate, 1.00 (gr. 15); paranephrin, 2.00 (m. 30); aquæ dest., 20.00 (dr. 5). In an uncomplicated coryza a few drops of this solution will enable the patient to breathe through the nose for hours. The best way to apply it is by means of a cotton applicator. Paranephrin is preferred to the other superrenal preparations, since it is absolutely free from all caustic action.—*Excrepta Medica*, 1906, No. 5.

Iodide of Codeine in Asthma.—Labadie, Lagrave and Rollin *(Journal de Med.)*, call attention to this remedy as an agent of special influence over asthma, dyspnœa, emphysema and acute bronchitis. It is soluble in 60 parts of water and in three of boiling water, is crystalline, in fine needles and straw color. Only slightly soluble in cold water, it dissolves 40 parts of warm alcohol. It is best prescribed in pills of 0.01 gm. or gr. 1-6, of which eight or ten are given during the day. It may also, if desirable, be given in syrup in the case of children. It can be given hypodermically in a 1 per cent. solution in distilled water.

Sterilization of the Post Nasal Space.—Edmund O. Spear, Boston *(Merck's Archives)*, is of the opinion that sore throat is usually the symptom of the invasion of the post nasal tonsil, and, through the circulatory system, of the economy by an infection. He firmly advocates the removal of adenoids and direct sterilization of the post nasal space at the earliest possible moment. His local treatment for sterilization of the post nasal space, especially in grip and rheumatism, is direct application through the nose of hydrogen peroxide and saturated aqueous solution of iron and ammonium sulphate.

Lumbago.—Collodii, tinct. iodidii, spirits ammoniæ, partes æquales. M. Sig. Paint over the affected part twice daily until the skin becomes sore.—Burggraeve.

Salimenthol is one of the most recent contributions to pharmacology from the salicylic acid group. In describing its therapeutic virtues Karl Reicher *(Therap. Monatshefte)*, furnished an interesting explanation of the general aspects of the entire series of salicylic acid compounds. Salimenthol is the salicylic acid ester of menthol. It is a light yellow fluid, almost tasteless, and of a slight but pleasant odor. It contains almost equal parts of salicylic acid and menthol, and may be taken internally in capsules of 0.25 gm., or may be applied externally in the form of a 25 per cent. ointment. The disinfectant and analgensic properties of both its components suggest numerous indications for its employment. The author obtained favorable results in acute, chronic and muscular rheumatism.

Has Sarsaparilla Real Therapeutic Value?—Cullingworth *(British Med. Journal)*, contributes an article on this subject, and recalls the fact that Clifford Allbutt strongly recommended sarsaparilla in the treatment of syphilitic cachexia. Cullingworth reports a number of cases treated by sarsaparilla which showed more gain in weight and improvement than those treated by the iodide of potash and iron. Sir Felix Simon said in the *British Med. Journal* that Zittman's decoction of sarsaparilla would produce most excellent results in the treatment of syphilitic conditions, and on the continent it is largely used. The *Therapeutic Gazette* discussed this subject editorially many years ago and made the statement that many physicians firmly believed that iodide of potassium exercises a more advantageous influence as an alterative, both in syphilitic and other

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conditions, if it is combined with the compound syrup of sarsaparilla. At that time this view was criticized by many, who ridiculed the idea that sarsaparilla really possesses any usefulness besides its euphoneous name, which would be a beautiful subject on which to write an opera.

The Arabs' way of making castor oil *(Journal de Med. de Paris)* is to pour a half-ounce slowly by drops into a glass of milk, set on stove and heat while stirring. In a few minutes a perfect emulsion is formed, and to this some syrup of orange flower is added. Administered in this way the oil seems not only more palatable, but also more active.

Castor Oil in Typhoid Fever.—Bass *(N. Y. Med. Journal)*, believing the diarrhea in typhoid an effort of nature to eliminate the toxines and toxic products from the system, advocates free purgation with castor oil as soon as the diarrhea appears. This removes the toxic products, their absorption is prevented and the consequent fever avoided. He gives the oil every twelve hours in doses of from a dram to an ounce, or sufficient to produce one or two thorough movements. This was kept up through the various stages of the disease. Fluid diet was insisted upon, and plenty of water allowed. His report is based upon 79 cases. Four relapses and three hemorrhages occurred. In the greater number of cases no other remedies were administered.

Lumbago.—A rapid and satisfactory cure for this very unsatisfactory complaint consists of an ointment recommended by Kenyon, and referred to in the *Therapeutic Gazette*, known in the British Pharmacopeiæ as unguentum antimonii tartaratum. Perhaps a better preparation and rather more modern would be a 20 per cent. mixture of antimonium tartaratu min equal parts of vaseline and lanoline. This, rubbed into the back once or twice daily until pustulation appears, usually affords relief. Linimentum tiglii, N. F., or linimentum crotonis, B. P., if used in the same way, will often succeed as well if not better, especially in cases of chronic sciatica and allied disorders in the hip region, and in such thorough rubbing has much to do with the success of the remedy. The affection will, of course, be likely to return, but it will afford great and prompt relief. Children affected with a persistent cough may often be relieved by having this ointment or ligament hung on lint and laid on the chest, remembering in the case of children not to rub in and to cover it with oiled silk.

Celluloid Varnish.—The following process is highly recommended by the *Neuste Erfindungen und Erfahrungen* for preparing celluloid varnish, which is found very useful in surgery. Colorless celluloid in thin sheets, which is cut small, is placed in a stoppered bottle and covered with a solvent consisting of methylated spirit and either in the proportion of 4 to 1. The whole is allowed to stand, with occasional agitation until the cellulose swells and dissolves, forming a clear, syrupy liquid, which is brought to the desired consistency by the addition of more of the solvent. The varnish may be rendered pliable and elastic by adding castor oil, 2 per cent. of the total weight of the varnish.

Alcohol in Simple Elixir.—Heffner *(Apothecary)*, calls attention to the fact that not a few physicians prescribe to very small children mixtures containing the simple elixir, not calling to mind the amount of alcohol which it contains. Also the medicinal elixirs of which it forms the base, as elixir calisaya, elixir gentian, etc. The bromides are frequently prescribed for children in simple elixir, and the child takes enough alcohol to counteract the effect of the bromide. He mentions another prescription consisting of chloral hydrate sodium bromide and simple elixir. On standing this will contain chloral alcoholis on top, hence unless the patient is instructed to shake the bottle and does not forget to do it, the patient will receive it all in two doses. He suggests the use of aromatic water or simple syrup to obviate this danger.

Aromatics to Disguise Castor Oil.—Sassafras in the preparation known as sarsaparilla is quite efficient in masking the taste of castor oil, especially when it is used in conjunction with effervescent water. Probably a number of aromatics may be equally useful for the same purpose. Foch *(Semaine Medicale)*, has found anissette serviceable. He pours a small quantity of the liquor into a claret glass, taking care that the edges of the glass are moistened with it. The dose of castor oil, slightly warmed to make it thinner and more readily swallowed, is poured into the glass. He declares that the penetrating odor and taste of the cordial so mask those of the repulsive oil that the patient hardly tastes it when he swallows it.

Mercurial Inunctions in Infantile Syphilis.—Canby *(Journal de Med. de Paris)*, recommends equal parts of blue ointment and lanoline, of which one-half dram is rubbed in the skin every day. There is no risk of mercurial poisoning, and stomatitis never occurs. The site of the inunction should be varied daily—

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the axilla, the illiac fossa, the buttox and the hypochondrium. Five minutes should be devoted to the rubbing, and a piece of flannel, upon which the ointment should be left as a belly band about the abdomen.

Drug Habits.—Wagner *(Cleveland Medical Journal)*, administers hyoscine hydrobromate (1-200 gr.) combined with atropine sulph. (1-600 gr.) and strychnine (1-150 gr.) to morphine, cocaine and alcoholic habitues. A special nurse, night and day, is required, inasmuch as the patient is by this medication kept purposely in a state of mild delirium for from 30 to 90 hours. The dose varies with the patient, but is repeated every two to six hours, as indicated by changes of mouth, dilatation of pupils and delirium. Sleep is not usually produced. On emerging from the influence of the hyoscine the patient usually develops a vigorous appetite, sleeps soundly after the first two or three nights, regaining his normal vigor and weight in the course of a month.

Epistaxis.—The treatment of nose bleed is local, and the most reliable means available is plugging the nostrils with cotton which is saturated with adrenaline chloride 1-20,000. Compression of the artery on the upper lip near the nose by pressure against the jaw bone will often control the hemorrhage.—*Southern Medicine and Surgery.*

Chloroform Water as a Hemostatic.—Spaak *(Le Journal de Medicine)*, has used chloroform water as a hemostatic agent. He has found it superior to all other hemostatic agents and has the following advantages: It acts with marvelous rapidity, has not the slightest disagreeable taste or odor and is not escharotic. It is cheap and easily attainable, and can be made as required. It is not unpleasant to apply and does not interfere with the surgeon in his operations. The solution he recommends is 2 per cent. in water.

E. S. McKee, M. D.
19 North Seventh St., Cincinnati, Ohio.

A good many doctors have *hospitalitis*. They try to get their patients dragged off to the hospital for everything, from a bad cold to appendicitis. Can anyone explain why?

SEVERAL TOPICS.

Editor Medical Summary:

Can it be that some of the "phobias" and "psychases" from which we suffer are the remnants of a prehistoric or simian existence? One of these absurdities is agoraphobia, the fear of open space. Our scientific friends explain this on the basis that our monkey parents were wont to avoid the open on account of the danger there from larger and more ferocious animals. They felt safer in the boughs of trees out of the reach of lions and tigers. So some of us now when we cross vacant lots feel a little attenuated fear after the manner of our parents of old as they skiddoed of necessity on the ground from one rendezvous to another. Refreshing thought, eh? Every foolish fear from which we suffer is now dignified by the name of some sort of phobia and explained on the theory of being of simian inheritance. Jack London has gone ahead of the scientists in his delvings into creative imagination. In his "Before Adam" he undertakes to explain our dream of falling, but never touch bottom. He states that when our ancestors lived in trees and jumped from branch to branch they frequently fell, but the fall rarely proved fatal. The act of falling made a strong mental impress which is made manifest in us when we dream of falling. We never touch bottom in our falling dreams. When our simian parents touched bottom in their falls that was the end of the whole thing, there being left no mental vestige of it to posterity. Verily, science is a good thing by which to explain many conditions, and we always feel better when we know a thing is scientific. Besides, we can cover up some of our meanness in that way.

"What will the physician of the future be like?" is a question frequently asked. Isn't it a bit antiquated to carry about from 50 to 100 products derived from plants and weeds—elegantly prepared, it is true—and try to convince ailing people that these will make them well? We all do it, but in so doing we are only a notch ahead of the Indian and his crude remedies. Drugs serve a useful purpose, but

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we overdo the thing. True, physicians should not teach that there are many drugs that have a bona fide curative action. In speaking of cures to the laity they are misled and educated to medicine habits. It encourages them to seek relief in nostrums for alleged or real ills. Remedies when thoroughly indicated may serve a useful purpose, but indiscriminate medicine-taking leads to vicious habits. It may be put down as a pretty good rule that one never gets over the habit of chronic medicine-taking unless he forms a worse habit, e. g., alcoholism. The physician of the future will be more of a metaphysician. He will be esthetic in a way and he may not carry with him each time he steps out a box of drugs. He will look into the patient's life and habits and try to make his environments conducive to recovery. He will appeal to the patient's mentality more than he does to his vegetable nature. He will try to lead the patient to understand that the element of cure does not necessarily involve potent draughts of something nauseous or bitter. Still he will give medicine when it is actually needed. And the physician of the future will understand physiology better than we do now and will know that every gland and organ was designed by the Creator to have a specific function, all of which are necessary for comfort and longevity. No, the physician of the next decade, even, will perhaps be looking for something to cut out and throw to the dogs.

This is an age of germ-fighting. Some one is every day bidding for patronage on his new antiseptic or germicide. The agitation of the germ theory as a causation factor in disease has served the purpose of educating people to be clean, wholesome and sanitary in their living. Aside from that the warfare against germs has been productive of no great results. Not much is accomplished from fighting the ubiquitous bacilli on his own camping grounds. And some of us are still so iconoclastic as to question whether germs cause disease or vice versa. Then again we sometimes forget that all good germs, like Indians, need not necessarily be dead ones. Perhaps, if we only knew it, most germs bear the same relation to cell life that flies and buzzards do in a grosser life. When germs invade healthy tissue they are out of their proper sphere and perhaps got there by accident. There must have been something to attract them from their natural environment. Doubtless most bacilli are physiological and therefore useful, if we only knew more on the subject. In antagonizing germs we should not lose sight of the fact that we can put up the strongest fight against them by cutting off the base of their supplies, the same as in any other campaign of warfare. Make the existence of germs that are inimical to health impossible in the human body by an improved nutrition.

W. T. MARRS, M. D.

Peoria Heights, Ill.

WHAT ARE THE INDICATIONS FOR VENESECTION?

Editor Summary: What are the indications for venesection? R. S., M. D.

[The most common indication for blood-letting is in the incipient stage of pneumonia, where the patient is plethoric and of the sthenic type. Puerperal convulsions is another condition that may call for venesection. It has also been performed for apoplexy, but it is not now thought that the procedure can relieve the blood clotted in the brain. Venesection, to be of any value, must be *thorough*—until the patient becomes faint. The writer has known a few cases of Epilepsy treated by blood-letting, with seemingly good results.—ED.]

RELATIVE VALUES OF ACIDS AND ALKALIES IN TYPHOID FEVER.

Editor Summary:

A writer in a well-known journal vehemently asserted recently that acids were contraindicated in typhoid fever. This does not accord with my clinical experience, as well as that of many who are qualified to pass intelligently on the subject. What do SUMMARY readers think of the relative value of acids and alkalies in typhoid?

ILLINOIS, M. D.

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ACIDS AS A CAUSATIVE FACTOR IN MERCURIAL PTYALISM.

Editor Summary:

What does our big family of readers think of acids as being a causative factor in mercurial ptyalism? The laity without an exception believe that sour things will salivate. A great many doctors are of the same opinion.

H. G. BROWN.

[The idea of acids producing ptyalism has long ago been exploded. How such things gain credence is hard to understand. Many physicians are prompted, owing to this lay notion, to interdict acids when giving mercury. We hope to give an editorial on this subject soon.—ED.]

CATARRHAL DISEASE.

Editor Medical Summary:

An epidemic of nasal catarrh has been prevalent during the past month in New York city. The disease is marked by chills, fever, headache, and discharges of mucus from the nose; also by loss of appetite and in many cases by tonsilitis. Quite a number of patients owe the disease to the inhalation of dust and animal and mineral matter blown about by the wind. Finely powdered iron dust, small particles of vegetable fibers, like cotton and wool, and husks from oats, found in horse dung which has been dried by the sun and ground to powder by passing cars, carts or carriages, all have been found by investigators, who claim them as exciting causes of nose and throat diseases, and with good reason. As to treatment sprays and general tonics are the most rational.

LUIGI GALVANI DOANE, M. D.

New York.

TREATMENT OF GALL STONES.

Editor Medical Summary:

Most of your readers are familiar with the symptoms of gall stones, therefore I only propose to give a treatment that has proved successful in my hands. When I can obtain them, I prefer green tobacco leaves steeped in hot water as a local application; in the absence of that chloroform liniment may be used. Internally the quickest way to get rid of the gall stones is to give one grain of podophyllin at night and follow it by three ounces of olive oil in the morning. During the twenty-four hours from the time you gave the podophyllin you may expect to have the gall stones pass away. The podophyllin increases the expulsive power of the gall bladder and its duct. There is no other remedy that will do just what the mandrake will in such cases. To allay the nausea and irritation of the stomach after the above remedy I give:

℞ Tr. aconite .....v ad gtts. v
Tr. nux vomica .....gtts. x
Aqua .....℥vj
M. Sig.—Teaspoonful once an hour.

In my younger days, in an attack of gall stones, I used to give one grain gelsemin (con.) in a tablespoonful of olive oil once an hour, until the pain was relieved. The gelsemin would help the patient, but not so quickly as the podophyllin. In the interval between the attacks there is one remedy that, in my practice, I have learned to depend upon to prevent the formations of gall stones; it is the juglaus cinera (butternut). Use a fluid extract from the green bark, and the best preparation is syrup juglaus cinera, from the formula of Prof. Davidson, prepared by C. T. Bedford, Indianapolis, Ind. Begin with teaspoonful of this syrup three times a day; increase the dose so that your patient will get a full, free movement of the bowels once a day. This remedy is peculiar to the physio-medical school of medicine—they understand its valuable properties. In my practice I want remedies that cure my patients. I don't care where they come from. The best is none too good for my patients. If you have a reliable remedy and you use it where it is indicated you may expect good results. There is no "guess work" about that.

ELI G. JONES, M. D.

New Brunswick, N. J.

WANTS FORMULA FOR A CANCER PASTE.

Editor Summary:

Will you give me a formula for a "cancer paste," something that will root out the ordinary excrescence that passes as cancer?

W. H. J., M. D.

[Arsenic and zinc pastes are the stock-in-trade of a good many irregulars who pass as "cancer doctors." A good many weeds of different kinds are incorporated into these pastes, but it is the caustic that does the work. The writer has used a paste made of one part chloride of zinc and two parts flour or starch. When left on long enough to devitalize the tissues that you desire to destroy the paste should be removed and the wound dressed antiseptically. Olive oil rendered aseptic is perhaps as good an application as any.—ED.]

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New Publications

We can supply any Medical book noticed in these pages or issued by any Publisher, on receipt of the publisher's price.

A Compend of Genito-Urinary Diseases and Syphilis: Including Their Surgery and Treatment. By Charles S. Hirsch, M. D., Assistant in the Genito-Urinary Department, Jefferson Medical College Hospital. Illustrated. P. Blakiston's Son & Co., Publishers, Philadelphia. 1906. Price, $1.00.

This is one of the latest additions to the series of Blakiston's Quiz-Compends, and aims to epitomize the mass of matter on the subject in the standard text-books. It is, however, really more than a compend, and, therefore, of equal value to the practitioner as well as to the student. It is a compact book that treats these diseases tersely. A description of the surgical anatomy of the organs of the urogenital tract precedes the technic of the various operations and the newer aids to diagnosis, e. g., Oystoscopy; ureteral catheterization; cryoscopy—urinary segregation—X-ray, etc., are fully dealt with. The subject of treatment is given careful consideration, both medical and surgical. The remedies and formulæ recommended are those used by the most eminent specialists and those used by the author and his colleagues at Jefferson College Hospital.

Rhythmotherapy, or a Discussion of the Physiologic Basis and Therapeutic Potency of Mechano-vital Vibration; to which is added a Dictionary of Diseases, with Detailed Suggestions as to the Technic of Vibratory Therapeutics, with Illustrative Plates. By Samuel S. Wallian, A. M., M. D. Ouellette Press, Publishers, Chicago, Ill. 1906. Price, $1.50; postage, 10 cents.

Here we have an elegantly printed and handsomely illustrated small volume of over 200 pages, and the author, wasting neither time nor space in preliminaries, he plunges at once to the heart of the subject matter of his theme, and hews straight to the line, making the chips fly, as it were. Dr. Wallian presents the subject in a form that is both practical and of helpful value to every practitioner, whether using a vibrator or not he will find many valuable suggestions between the covers of this book.

A Practical Treatise on Materia Medica and Therapeutics, with Especial Reference to the Clinical Application of Drugs. By John V. Shoemaker, M. D., LL. D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association and the British Medical Association; Fellow of the Medical Society of London, etc., etc. Sixth Edition. Thoroughly Revised. (In Conformity with Latest Revised U. S. Pharmacopœia, 1905.) Royal Octavo, 1244 Pages. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa. 1906. Extra Cloth. Price, $5.00, net. Full Sheep. Price, $6.00, net.

The numerous changes rendered necessary by the late revised edition of the United States Pharmacopœia and the accumulation of matter that has from time to time been added to the different editions of Shoemaker's Materia Medica and Therapeutics has induced its author to almost entirely rewrite this work in order to make it more fully a representative of the present state of therapeutics. Among the most important changes from the last edition are the following: Part I is entirely added, having been taken from the limited Students' Edition, thoroughly revised and completed by adding a comparative table, giving the changes in the strength of preparations and relative dosage in the present Pharmacopœia and the one which preceded it. Among the new therapeutic agents presented we notice a consideration of the Roentgen ray and the Finsen light, or Actinotherapy, Serumtherapy, Animal Extracts, Vibrotherapy, Hydrotherapy, etc., etc.

Every section of the work has been carefully revised, and, when possible, condensed, so that, notwithstanding the large amount of new material added, the book has been actually increased by only about a hundred pages.

This splendid work on Materia Medica and Therapeutics has stood the test of time, and remains one of the most popular works on the subject. While in a sense, perhaps, it may be less scientific than some others, so far as it discusses less fully the method of studying the physiological action of drugs, but this de-

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fect, if any, is more than made up by the large amount of space devoted to therapeutics. This is a feature that makes it attractive to the general practitioner.

THE TOXINS AND VENOMS AND THEIR ANTI-..BODIES. By Em. Pozzi-Escot. Authorized translation by Alfred I. Cohn, Phar. D. 12mo. 196 pages. John Wiley & Sons, Publishers, 4 3and 45 East 19th st., New York. 1906. Price, $1.00 net.

This little volume of just about a hundred pages treats of a subject of which but little if anything could have been written a decade ago, so the reader will perceive that our knowledge of the toxins is of quite recent date. The book is divided into five chapters, with the following heads: Chapter I, "Alkaloidal Toxins, Ptomaines and Leucomaines." Chapter II, "Toxins and Antitoxins." Chapter III, "The Toxins Proper." Chapter IV, "The Microbial Toxins." Chapter V, "The Venoms."

To the facts detailed in this small volume modern medicine owes it most recent and marvelous progress; especially to serotherapy.

SELF-PROPELLED VEHICLES. A prectical treatise on all forms of automobiles. By James E. Homans, A. M. Sixth edition, entirely rewritten. Theo. Audel & Co., publishers, 63 Fifth ave., New York. 1907. Price, $2.00.

That already five editions of this book have been closed out, sold, speaks well for its practical worth, and in this, the sixth, edition the author has given so complete a revision that it fulfills the requirements of the motor vehicle owner, operator and repairer better than any other book on the subject we have yet seen. The practical aspect of motor vehicles of all powers are particularly emphasized and the discussion of matters fundamental in construction and management are largely dwelled upon by the author.

Recognizing that the gasoline vehicle is the typical automobile, considerable space is devoted to its complete discussion; theory, operation, and an extensive chapter on "Gasoline Engine Management," the latter covering, virtually all forms of difficulty liable to occur under service conditions. Anyone reading this chapter can derive an intelligent conception of the requirements for an expert driver, and will find numerous points of information, usually obtainable only by long and varied experience.

All the accessory parts of an automobile, carburetters, igniters, transmission gears, are fully explained by typical examples. The author properly assumes that an adequate knowledge of the principles upon which these devices are constructed will enable the reader to understand variations for himself.

Apparently this book fulfills the ideal of the practical motor driver's vade mecum. The book is well illustrated throughout, whenever the subject matter can be best elucidated by illustrations, and is admirably adapted as an educational treatise, and for this purpose we predict it will be largely used.

SYLLABUS OF LECTURES ON HUMAN EMBRYOLOGY. An tintroduction to the study of Obstetrics and Gynæcology for Medical Students and Practitioners; with a glossary of Embryological Terms. By Walter Porter Manton, M. D., Professor of Clinical Gynæcology, and Professor Adjunct of Obstetrics in the Detroit College of Medicine; Fellow of the Zoological Society of London, of the Michigan Academy of Sciences, etc., etc. Third edition. Revised and enlarged. Illustrated, with a colored frontispiece and numerous outline drawings. 12mo. 136 pages. Interleaved throughout for adding notes. Bound in extra cloth. F. A. Davis Company, publishers, 1914-16 Cherry street, Philadelphia, Pa. Price, $1.25, net.

The present edition of this small volume of less than a hundred and fifty pages presents much additional matter, besides a most careful revision, and now represents better than before the purpose for which it was originally intended, an outline guide to the study of embryology. Several new illustrations have been added and old ones discarded. The chapter on practical work has received special attention, presenting the best and latest methods for laboratory instruction. Special attention is called to the following:

While this work is specially designed for, and will be found particularly useful to students in their first and second years at college, and is likewise a desirable manual for review and reference for the general practitioner, it is not intended to take the place of the exhaustive text-books on embryology, but is primarily for use in the class-room supplementary to the lecture and for laboratory guidance. It can also be used for self-instruction, and in laboratory work in connection with the usual text-books.

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Summary Gleanings

The best way to disguise disgusting drugs is to give those that are not disgusting.

Many people think they are taking large doses of quinine when they are only passing it through their bowels and getting only its action as a disinfectant of the alimentary canal. Use solutions only, or soluble salt like the hydrochlorate or hydrobromide.

Most cases of sluggish liver are simply instances of an overworked liver, which is overwhelmed by the quantities of toxins it is called upon to intercept and turn back into the bowel for excretion.

In menopause heats and flushes a grain of solanine equals two drams of bromide and does not destroy digestion, kill sexual ability and desire, or cause acne. Macrotin is also quite effective if given in sufficient dose.

Neuralgia of the jaw is quickly relieved by putting the feet in a hot bath with mustard, giving gelseminin gr. 1-250 every half-hour till the eyelids droop and applying a very mild galvanic current.

To stop suppurations nothing compares with calcium sulphide, but it must be pushed till the perspiration smells of it.

All forms of malaria are easier cured if we begin by emptying the bowels, wringing out the liver and disinfecting with such agents as the sulphocarbolates, then proceed with the quinine.

In all choleraic attacks the quickest, surest and safest remedy is a hypodermic of atropine, enough to flush the case and sedate the irritated pneumogastric nerve.

The remedy for puerperal convulsions is veratrine gr. 1-20th, hypodermically, repeated hourly till effect. Nothing clears away toxins like it. Safe and certain.

For dry coughs give lobelin gr. 1-12 every half hour in hot water till slight nausea commences, then less frequently.

Any case of whooping cough may be quickly stopped by saturating the patient with atropine and calcium sulphide, both pushed to the production of toxic symptoms.

Any irritation of the bowels is good reason for emptying them, except true cholera, in which absolute stoppage of peristalsis is imperative.

What is the dose? Just enough to produce the effect that is desired.

The superiority of strychnine arsenate over other strychnine salts in fevers is due to the action of arsenic in promoting fatty degeneration and absorption of the exudates.

The syrupy and alcoholic excipients are less palatable to the sick than simple solutions in pure water, and these do not cause alcoholism. The less the taste of medicines, the better the sick palate will relish them.

It is stated that a buffalo robe placed beneath the under sheet, the hair side up, will prevent bed sores.

For loss of voice or sudden hoarseness, a piece of borax, size of a pea, dissolved in the mouth, is said to give almost instant relief.

To a felon apply, at as early a stage as possible, cloths saturated with the tincture of lobelia and the felon will vanish.

A few drops of the tincture of chionanthus vig., taken early, will prevent sick headache.

In collapsed conditions give repeated doses of atropine hypodermically until signs of vitality are apparent.

Opium and most of its alkaloids are indicated by pain when the pulse is soft and the skin and tongue are moist.

Rheumatism often follows tonsillitis, and it is agreed that when it does so the heart is more apt to be diseased by the rheumatism later on.

It pays to make your medicine as palatable as you can without sacrificing its actual merit.

Pills may be swallowed by children more easily if put inside a tiny snow ball. Many children like to swallow little globes of snow.

A college professor said: "When you don't know what else to give, give iodide of potassium." How about *"crumbus breadi?"*

Chloroform inhalations are said to be of permanent benefit in whooping cough.

Don't forget the prolonged sitz bath in case of tardy labor.

Some observers think it best not to put the baby to the breast for four hours after the mother has been administered chloroform.

It has developed that the secret of Jap surgery is due to his persistent use of hot water rather than to any bona fide skill.

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